DOCUMENT RESUME

ED 248 282 UD 023 758

AUTHOR Thakur, P. S.
TITLE Children's Human Figure Drawings: Clinical and Cultural Considerations.
PUB DATE 82
NOTE 132p.; Printed by Community College of Rhode Island, Lincoln.
PUB TYPE Information Analyses (070) -- Guides - Non-Classroom Use (055)

EDRS PRICE MF01/PC06 Plus Postage.
DESCRIPTORS *Art Therapy; Child Development; *Children; *Childrens Art; Cognitive Processes; Cognitive Tests; Cultural Differences; Elementary Secondary Education; Psychological Characteristics; *Psychological Evaluation
IDENTIFIERS *Draw a Person Test

ABSTRACT

This paper considers the psychological aspects of children's drawings. The utility of the Draw a Person Test (DAPT) for different types of pscyhological research is discussed, and the non-intellectual and cultural factors of the DAPT are described. Suggestions on the administration, scoring, and interpretation of drawings are given. The next two sections focus on using drawings for particular purposes: gauging a child's mental development and discerning specific emotional indicators. The history of art therapy is briefly outlined, and its advantages are explained. The second half of this paper consists of sample children's drawings, with captions that offer tentative psychological readings. Sixteen drawings are uncaptioned; they may be used for exercise in interpretation. (KH)

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CHILDREN'S HUMAN FIGURE DRAWINGS: CLINICAL AND CULTURAL CONSIDERATIONS

P.S. THAKUR, Ph.D.

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This volume is dedicated
to SATYAM, NAVIN and
ANTER and to the many
children who initiated
and inspired this project

PREFACE

Drawing is a fascinating exercise for children and watching them draw, erase, scratch paper, twist their bodies and faces, while muttering to themselves convey deep psychological meanings. These meanings are not self-evident, and because of professional bias, educators, psychologists and artists will tend to perceive and utilize different aspects of the drawings.

This book aims at providing some basic understanding of the psychological aspects of the children's drawings. A theoretical discussion is followed by some suggestions on the administration, scoring and interpretation of the drawings. A number of samples from normal as well as handicapped children is included to illustrate some of the psychological principles. Prominent personality traits of children will be discussed, especially as they relate to one another and as they contribute to a total personality profile. A short discussion on therapy is included.

The predictive powers of these drawings may be enhanced when used with teacher evaluations, academic achievement and other tests. As such, these drawings will contribute more comprehensive and meaningful information about the children, while helping to validate the evaluative process with other cultures and sub-cultures. Readers are encouraged to be adventurous in administering and interpreting, while always checking their hunches with colleagues and against suggestions offered herein and elsewhere. Remember, the best textbook on children is the children themselves.

A word of caution is offered. The drawings should not be interpreted with single items and one-to-one relationships e.g., square bodies to suggest rigid behavior. Instead a combination of items in a single drawing should be considered e.g., square bodies, small drawings, short arms may suggest a rigid, shy person . The children's background, as well as their cultural melieu, should be taken into account. The presence or absence of a single item cannot be given too serious a clinical or practical consideration.

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THEORETICAL CONSIDERATIONS OF THE DRAW A PERSON TEST (DAPT)

Given the opportunity, children will spontaneously produce pictures of animals, houses, but especially of human beings. Psychologists, notably those clinically oriented, regard the drawing of a person as a medium for children's thinking and feeling. Some professionals, such as Psychoanalytic psychologists, analyze the signs on these drawings for conscious and unconscious motives and conflicts. Others investigate them for mental maturity by noting closer details. Still others may combine both the emotional and mental factors for a more comprehensive assessment of the children (Koppitz, 1968). This mental/emotional consideration is central to the various theories of the Draw A Person Test, (DAPT).

THE COGNITIVE THEORY

The Cognitive Theory of Jerome Bruner (1956) suggests that drawings are an attempt to create order from complex thought processes. Drawing a person is communicating one's inner-most thoughts and feelings which are otherwise difficult to express. It is further an indicator of changes in learning skills and mental maturity i.e., from one mental age level to another. Drawings are visual memory expressing thoughts and feelings. Knowing WHAT lies beneath knowledge, and the thinking processes thereof, has become critically important to the cognitive psychologist. Answering the questions HOW has also become important in the search for how to learn, how to plan and organize, how to turn knowledge to action, that is, how do children translate their perceptual world into the HOW and WHAT of their drawings. Childrens' drawings are a true picture of their intellectual ability (Goodnow, 1976).

INTRAPERSONAL THEORY

The Intrapersonal Relationship Theory of H.S. Sullivan (1953) suggests that children learn and reflect an attitude to themselves and to others. Through the intrapersonal relationship and types of nurturance, the child develops a sense of security or insecurity. The "significant others", especially the parents, have an immense influence in laying the basis for personality development. From those nearest him, he learns how to cope with problems, fears and anxieties. From them he develops a self-system, the "good-me", "bad-me" and "not me". Drawing a person, because it captures the essence of a person, reflects these preoccupations, fears and anxieties; it is a portrait of the inner-self. When there are distorted and grotesque figures, it may be reflecting a dissatisfaction with that self. For example, drawing Superman and Cowboy may suggest a strong need to identify with power and aggression (Sullivan, 1953).

THE SOMATIC THEORY

The body is a vehicle of self expression. Since the child knows the self best, that self becomes a source and medium of that expression. Body parts and the perception of their attributes then lend themselves to spontaneous composition, drawing upon the expression in the drawing of body parts. These drawings are personal signatures that occur regardless of age, sex or culture.

> The fact that we cannot escape the somatic entrenchment of our desires, conflicts, and social attitudes, has considerable bearing upon the phenomenon of self-projection through drawing of the whole human figure.
> (Machover, 1947)

From a total field of experience the child selects and organizes details of human figure drawings to reflect, project and compensate through the use of specific patterns.

HYPOTHESIS TESTING

Ideas are investigated for the "truth" of their assumptions and are tested for practical application or for their own value. Such testing or investigating may reveal new information or simply explore new ways of looking at an existing one. Secondly, pulling together ideas may appear to have the same feature but individual interpretations will differ on what one perceives. The drawings of children from a culture, and the assumptions made about them, may provide a new perspective of the drawings as well as the culture. Other drawings may not provide many clues about a personality or culture but may simply raise useful and relevant questions.

NON-INTELLECTUAL AND CULTURAL FACTORS OF THE DAPT

The DAPT measures areas of development that cut across the cultural divisions of mankind. This in no way suggests that educational influences are not demonstrated. Drawings will differ, to some degree, because of educational attainment, sex differences and general cultural and sub-cultural awareness.

SEX DIFFERENCES

Sex differences are evident in mental as well as emotional factors. In the DAPT for mental measurement girls of equivalent age as boys show more details, hence higher intelligence. As would be expected, girls emphasize hair-do, facial make-up and elaborate clothing. Boys emphasize the limbs, drawing long arms and legs. These sex differences occur because of the emphasis on sex differentiation of the culture.

Developmental psychologists agree that during childhood years girls show a slightly but consistent acceleration in overall mental development. Girls seem to pay more attention to human faces and are better at fine motor skills, while boys are better at arithmetic reasoning. While Harris (1963) suggests that such sex differences are the result of culture, Restak (1979) indicated they are largely biologically determined and demonstrated in the cerebral dominance. DiLeo (1971) reports that such cultural changes will be reflected in clothing. The dress, for example, because of cultural changes, remain a sex symbol in the child's concept of femininity. It is most significant to note such sex differences in the scoring of the DAPT.

Vernon (1967) found that Jamaican boys, on the average, scored higher than their English counter-parts on the Goodenough "Draw a Man" test, while showing little difference with Eskimo boys. He found, however, significant differences between rural and urban children. Referring to the human figure drawings, Vernon writes:

> Admittedly our group is somewhat above average, but these scores on quite a varied range of non-verbal tasks certainly give a better impression of Jamaican intelligence than do tests more dependent on language comprehension (P. 173).

CULTURAL DIFFERENCES

Cultural and sex differences are integrally a part of the process of socialization. For example, drawings of Eskimo children, because of the need for heavy winter coats with attached head coverings (parkas), are less likely to depict ears and neck. These winter coats are elaborately drawn, and the figures themselves are shown with feet apart and with a firm stance. Allowances must be made for scoring such differences, e.g. the omission of the neck because of the parkas will not have the same significance for non-Eskimo children. As a result each group or culture should develop it's own norm of what details should or should not be expected.

West Indian children, for example, are a bridge between oriental and western civilizations, and as such, will reflect aspects of both civilizations and yet will be distinctly different. The shyness, rigidity and obsessive-compulsive behavior of West Indian children are an out-growth of their cultural upbringing and should begin to form the norm of their personality development. Admittedly there are distinct rural-urban differences in Third World countries. For example, rural children had more pails, pitchforks, and other farm equipments in their drawings. (Fig. 34).

Cultural differences are not only apparent from one group to another but from one time in history to another. Because of the dynamic nature of developing societies, growth and change would be quite rapid. The cowboys and cartoon-like figures depict the impact of the growing Western influence on the guest culture. Any attempt at standardization of the drawings must become fully cognizance of this rapid change. For example, children's drawing in the United States dramatically changed between 1920 and 1950, when greater emphasis was given to the body parts because of increased materialism it now reflects: "The hedonism of a later generation." (Koppitz, 1968)

THE DRAW A PERSON TEST AS AN EVALUATIVE INSTRUMENT

The Draw a Person Test (DAPT) requires the child to "draw a whole person". Some instructions will vary, e.g. "draw a man" or "draw the opposite sex." Some will use crayons or water color and others only a soft pencil. Each of these variables in instructions or medium of expression will make a difference in evaluating the final product.

In the drawing each child shows a particular structure and a particular style. The structure or the details and organization of body parts indicate his age norm or mental maturity. The style reflects his attitudes and those concerns which are significant at the time of the drawing. Should this assumption be correct, then one drawing would be adequate and the child should decide the person he wants to draw. Several researchers, such as Koppitz (1968) and Machover (1949), suggested that "draw a person" will produce more data than a self-portrait. The "draw a whole person" instruction seems "... to lead the child to look into himself and into his own feelings when trying to capture the essence of the person." (Machover, 1949 ; Koppitz

The DAPT has high correlations with such popularly used intelligence tests as the Stanford Binet (.60 at the .01 level of significance). The emotional factors were developed and validated in a clinical context and correlated with teacher ratings and children with psychosomatic complaints. "Blind judges matching anonymous drawings with case or records showed striking similarity." (Machover 1949)

ADMINISTRATION OF DAPT

The test can be administered with groups or with individuals using the same directions. The latter is preferred since it permits closer observations and clarifying questions about the drawings. Preschoolers and children being studied clinically should be examined individually. With a conducive atmosphere and an accepting individual as the administrator, the drawing is richer and often more revealing. Group drawings on the other hand are more economical and may be better for a child who is inhibited in a one-to-one relationship.

The children should be comfortably seated, but placed so as to avoid copying from one another or from pictures. A white sheet of paper 8½x11 inches, and a soft pencil with eraser should be provided. The instructions should be, "Draw a whole person, any kind of person, no stick figures or cartoons." While the children are drawing, it is advisable to stroll among them encouraging those who are slow or are having difficulty. Should questions arise about how the picture is to be drawn or what the person should be doing, it is best to say, "Do it whatever way you think best." The teacher or examiner should refrain from making remarks that may influence the drawing.

The time for the drawings should be 10 to 20 minutes, although the compulsive, perfectionistic child may need more. It is advisable to collect from those who are finished and allow others to go on. Some will request a second sheet because of the erasing or the dissatisfaction with the drawings. It is important to take note of these.

PSYCHOLOGICAL INTERPRETATION OF CHILDREN'S DRAWINGS

The stages and processes of the drawing is an opportunity for the individual to project himself in all of the body meanings and attitudes. Such meanings and attitudes become concretized in drawing the anatomy. Readers, therefore, should feel free to interpret the drawing for life concerns, problems, psychopathology, etc. These drawing maybe interpreted literally or symbolically. The content should be interpreted in terms of functional significance attached to it. For this reason it is necessary to understand the whole child, and the socio-cultural context of his activities.

As indicated earlier the drawings should not be interpreted with only single items viz., short arms or square shoulders or tiny drawings. Rather these drawings must combine several items, such as short arms, square shoulders and tiny drawing. It would be significant to consider these items with the child's background, and the time and place where the drawing was done. It is for this reason the examples included draw attention to several items in each drawing. (See Appendix)

The interpreter should always take note of individual differences in age and sex of the drawings. As a child grows he becomes more perceptive, hence his drawings will include more details and body parts will become more proportionate. Sex differences will become evident in middle childhood because of society's early emphasis on sex identity.

MENTAL DEVELOPMENT

The act of drawing a person is viewed as an expression of thoughts and ideas in problem solving. This act employs a combined and meaningful sequence of lines, shapes and angles; the building blocks of graphic language.

While intellectual differentiation has an upward mobility, there are limits to any interpretation of such graphic representations. Although the scoring methods may suggest gradual mental growth, the process of such growth are often written for norms of a group with little attention to individual differences. Very significant is the fact that after the age of 12 or 13 this evaluative technique becomes inadequate for determining the level of intellectual functioning.

The various aspects of developmental growth such as psychomotor skills, space and form, directionality, competency, etc. should be viewed as being an integral part of one another. In the psychomotor growth the child is able increasingly to articulate eye-hand coordination and produce more complex figures. Initially, being able to hold a pencil can be a significant accomplishment. By the age of two he is producing horizontal then vertical lines followed by circular forms. These pure forms are satisfying experiences but the need to represent real objects at this age is not permanent. True representational drawings are not achieved until the age of 3½ or 4. If it occurs before, the child maybe fantasizing or romantisizing. Increasingly he is able to include greater details on the figures, not only because he is more perceptive but because he has developed finer motor skills (Gardner, 1980).

The mandala or circular motif is considered the earliest and most primitive of forms. Unlike lines, circles have a finiteness and a unitariness - the first meaningful entity. Carl Jung (1963) claims that the mandala production is an innately predisposed behavior and is the source of true human representativeness: "It serves as an actively felt hint of pivotal events ahead." The "tadpole" of a later stage, with a large head and a small body, are true abstractions of graphic gestures. Increasingly the drawings will become more complex, with proportionate body parts and with greater details. (Fig. 9, 10)

Once the child has produced figures meaningful to the eye, he is likely to produce more of the same - an attempt at mastery and competency. This is the equivalent of sound repetition in language. In drawing the repetition is in the form of tracing lines, or in older children, the drawing of several figures. At this point a pleateau may be reached, but which prepares the child for higher cognitive skills.

Children's drawings help determine mental growth but are simultaneously a reflection of the total self. During the early years the self is ego-centric with diffused boundaries. With increasing self-awareness and articulation of graphic shapes and forms, the child delineates and begins to integrate and articulate with the representative self - an attempt at ego-integration. Changes in the ego or self will be projected in their drawings. The increasing self-awareness and ego development become represented in the finer details and the more realistic body proportions.

SCORING FOR MENTAL ABILITY

According to Koppitz (1968), the drawings of children show a wide range of ability. She therefore eliminated some of the finer details from the scoring. She developed a chart (Table 1) to show what items could be expected, at what age and by what sex. Points were subtracted when the expected were absent. When more items than expected were present, it was scored as exceptional items. For example, boys age 9 and girls age 8 were expected to show ten and eleven items repectively. These scores were then converted to Intelligence Quotient range (Table 2).

Harris (1963) used a more detailed system. He is quite specific about what items should be given credit. Table 3 is a simplified version of his system and Table 4 shows an example of the system. It is useful to practice on many of these before beginning to make assumptions about a child's level of mental maturity.

Table 6 is an adapted simplified system for scoring, combining both males and females. Because of individual variation in any group a range of scores is provided, i.e., 4-6, instead of a single score of 5. During the early years, 3-8 approximately, girls will show higher raw scores than boys. During the later years this advancement will increase to two raw scores. It is useful to remember that each child grows at his own pace and that such growth is irregular and spurts are punctuated by varying lengths.

The two scoring methods are here provided to help the beginner double check his scoring for reliability. It is only then that he will be ready to evaluate and discriminate in the scoring for groups, cultural and sub-cultural, as well as for individuals.

TABLE 1 : EXPECTED AND EXCEPTIONAL ITEMS ON HUMAN FIGURE DRAWINGS OF BOYS AND GIRLS AGES 5 TO 12

	Age 5		Age 6		Age 7		Age 8		Age 9		Age 10		Ages 11 & 12	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Expected Items N	128	128	131	133	134	125	138	130	134	134	109	108	157	167
Head	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Eyes	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Nose	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Mouth	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Body	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Legs	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Arms		X	X	X	X	X	X	X	X	X	X	X	X	X
Feet				X	X	X	X	X	X	X	X	X	X	X
Arms 2 dimension					X	X	X	X	X	X	X	X	X	X
Legs 2 dimension						X	X	X	X	X	X	X	X	X
Hair				X		X		X	X	X	X	X	X	X
Neck										X	X	X	X	X
Arm down											X	X	X	X
Arms at shoulder														X
2 Clothing items												X		X
Exceptional Items														
Knee	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Profile	X	X	X	X	X	X	X	X	X	X		X		
Elbow	X	X	X	X	X	X	X	X	X					
Two Lips	X	X	X	X	X	X	X		X		X			
Nostrils	X	X	X	X	X		X		X					
Proportions	X	X	X	X	X									
Arms at shoulder	X	X	X	X										
4 Clothing Items	X	X	X	X										
Feet 2 dimension	X	X												
Five fingers	X													
Pupils	X													

(Koppitz, 1968)

TABLE 2

INTERPRETATION OF DAPT SCORES

RAW SCORE	LEVEL OF MENTAL ABILITY
8 or 7	High Average to Superior (IQ 110 upward)
6	Average to Superior (IQ 90-135)
5	Average to High Average (IQ 85-120)
4	Low Average to Average (IQ 80-110)
3	Low Average (IQ 70-90)
2	Borderline (IQ 60-80)
1 or 0	Mentally Retarded or functioning on a retarded level due to serious emotional problems (IQ less than 70)

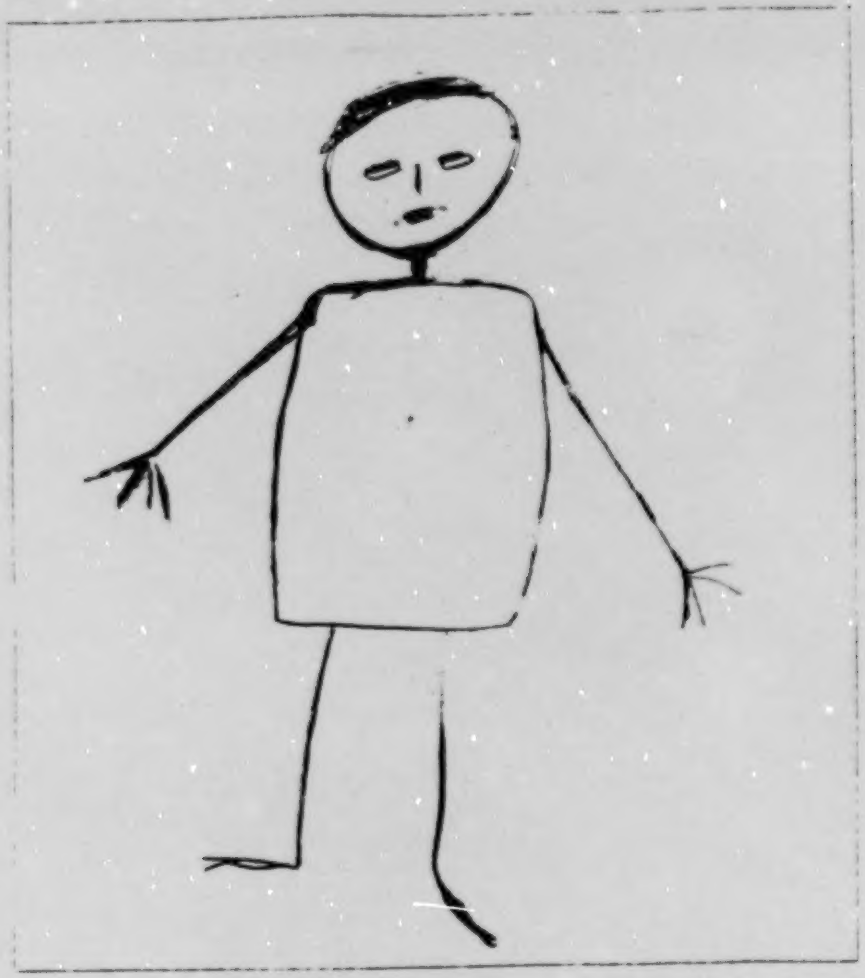
(Koppitz, 1968)

TABLE 3 : SHORT SCORING GUIDE

1. Head present
2. Neck present
3. Neck, two dimensions
4. Eyes present
5. Eye detail: brow or lashes
6. Eye detail: pupil
7. Eye detail: proportion
8. Nose
9. Nose, two dimensions
10. Nostrils
11. Mouth
12. Lips, two dimensions
13. Lips and mouth two dimensions
14. Chin
15. Projection of chin shown; chin clearly differentiated from lower lip
16. Line of jaw indicated
17. Bridge of nose
18. Hair I - any indication
19. Hair II - hairline
20. Hair III styling, sideburns, forelock
21. Hair IV -combed neck, part in
22. Ears Present: Proportion and position
23. Fingers - any number
24. Correct number of fingers shown
25. Thumb
26. Hands
27. Wrist or ankle shown
28. Arms
29. Shoulders
30. Arms at side or engaged in activity
31. Elbow joint
32. Legs
33. Hips
34. Knee joint
35. Feet I: any indication
36. Feet II: proportion
37. Feet III: heel
38. Feet IV: perspective
39. Feet V: detail
40. Attachment of arms and legs
41. Trunk
42. Trunk in proportion, two dimension
43. Waist
44. Proportion: head
45. Proportion: legs
46. Proportion: limbs in two dimensions
47. Clothing I - any
48. Clothing II - two
49. Clothing III - three (sleeves)
50. Clothing IV - four (belt)
51. Full face
52. Motor coordination: lines
53. Motor coordination: junctures
54. Proportionate body
55. Arm movement
56. Leg movement

(D. Harris, 1963)

TABLE 4: Sample of scoring for Mental Maturity



1. +
2. +
3. 0
4. +
5. 0

6. 0
7. 0
8. +
9. 0
10 +

11 +
12 0
13 0
14 0
15 0

16 0
17. 0
18. +
19. 0
20. 0

21. 0
22. 0
23. +
24. 0
25. 0

26. 0
27. 0
28. +

29. +
30. +
31. 0
32. +
33. 0

34. 0
35. +
36. 0
37. 0
38. 0

39. 0
40. +
41. +
42. 0
43. 0

44. 0
45. 0
46. 0
47. +
48. 0

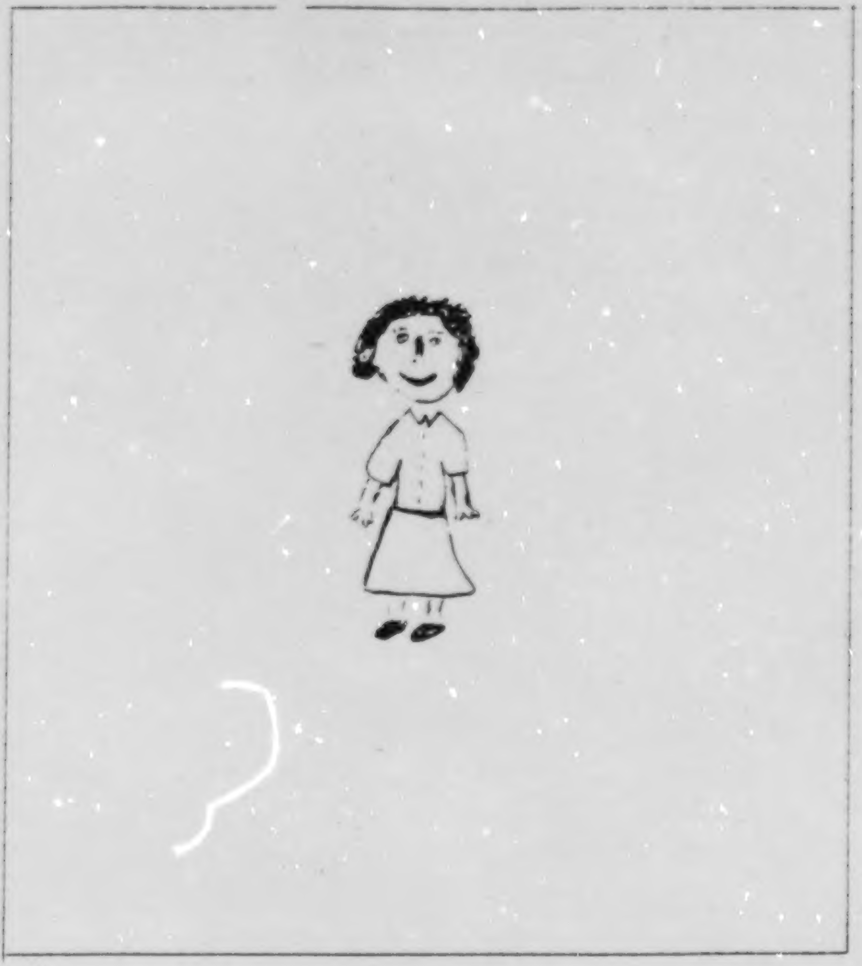
49. 0
50. 0
51. +
52. 0
53. 0

54. 0
55. 0
56. 0

Raw Score 17

Mental Age 6 years

TABLE 5: Sample of scoring for Mental Maturity



1. +
2. +
3. +
4. +
5. +
6. +
7. +
8. +
9. +
10. +
11. 0
12. 0
13. 0
14. +
15. 0
16. +
17. 0
18. +
19. +
20. 0
21. 0
22. 0
23. +
24. 0
25. +
26. +
27. 0
28. +
29. +
30. +
31. 0
32. +
33. +
34. 0
35. +
36. +
37. 0
38. 0
39. 0
40. +
41. +
42. +
43. +
44. 0
45. 0
46. 0
47. +
48. +
49. 0
50. 0
51. +
52. 0
53. 0
54. +
55. 0
56. 0

Raw Score 31

Mental Age 10 years

TABLE 6

AGE IN YEARS	RANGE OF RAW SCORES
3	4 - 6
4	7 - 10
5	11 - 14
6	14 - 18
7	18 - 22
8	22 - 26
9	26 - 30
10	30 - 34
11	34 - 38
12	38 - 42
13	42 - 46
14	46 - 50

Table 5: Showing the range of raw scores and the age at which the scores may be found.

EMOTIONAL INDICATORS

Overall Consideration for Figures Drawn

Shading is a manifestation of intense anxiety. Any heavily shaded part of the body indicates the child's intense feeling about that area. For example, a little boy who was severely punished for sucking his thumb may draw a large shaded mouth. Shading of the face is especially significant. Heavy shading of the face, which obliterates facial features is produced by seriously disturbed children. Heavy shading in later years would also suggest psychological problems.

Shading of limbs may indicate anxiety about one's aggressive impulses or awkward growth. After the age of 7 or 8, shading of the neck suggests struggle with impulses. (Figs. 58).

Concern for sex characteristic The reaction to body changes will depend on the attitude of important people in an individual's life. A developing body and sex organs are integrally a part of growing impulses. Mature girls will show elaborate hair-do, facial make-up, and even heavy bust lines. Physically developed girls often identify with the opposite sex drawing popular male figures, with phrases like "Jane loves Tommy". For boys, sexuality may be expressed through aggression (e.g. cowboys), in love poems, nude females or drawing of a large penis. These are common features in boys' and girls' bathrooms where their expressions are not likely to be censored (Fig. 27).

Drawings on the extreme right side of the page suggest a relatively stable individual. Reality governs his behavior, possible intellectulizing tendencies, highly sensitive to the environment, oriented more to the future.

Drawings on the extreme left side of page suggest impulsivity, a tendency towards frank emotional expression, possible extraversive, oriented more to the past than the future. (Fig. 18).

High on the page suggests high level drive; if low level energy, there may be over compensatory tendencies; indicates high aspirations and even fantasy. Such children set high standards. (Fig. 51).

Low on the page suggests feelings of insecurity and inadequacy. These are common in depressed individuals with defeatist attitude: possible neurosis in children. (Fig. 15).

Low Pressure in lines and drawings suggests hesistant, inhibited individuals, low energy levels; often found in inadequate adjustments.

High Pressure Unusually heavy pressure suggests extremely intense individual, high level of energy. They are assertive, forceful, aggressive, possibly acting-out tendencies. (Fig. 20).

Slanting-45 degrees or more indicates general instability and a flux in the personality growth; it is indicative of security. Some writers hypothesize that such children are seriously disturbed. Schizophrenics, whose perceptions are distorted, often draw figures that seem to be falling. Such children should be checked for organic problems. (Fig. 21).

Tiny figures are found quite commonly in shy children. They tend to withdraw, to feel insecure, sometimes depressed. They have limited ways of coping and are cautious and deliberate in dealing with people and events. They have a small self-concept (Fig. 17).

Cut off portions of the body by edge of the paper may reflect a variety of problems depending on the youngster or the part that is cut off. It can also reflect poor pre-planning or no forethought to work. Cutting off legs completely may suggest insecurity (Fig. 31).

Big Figures - 9 inches or more - are drawn frequently by aggressive children. Such unusually large figures are associated with poor inner controls and expansiveness. It is suggested that they need to cover up their inadequacy with exaggerated overt behavior.

Monsters or grotesque figures. When asked to draw "a person" and a monster is produced, the child is expressing a feeling of inadequacy and poor self-image. Such children perceive themselves as being different from others; they do not belong fully in society and are objects of laughter. Such children may range from intellectually borderline to superior. Recent experiences or a visit to a circus or movie may be reflected, but which of the experiences is chosen is always significant (Fig. 32, 41).

Three or more figures Many children will spontaneously draw a male and female. Drawing three or more figures, however, often comes from poor and ill-adjusted children, from deprived families and with poor achievement. This perseveration to draw several people suggests the child feels he is one in a crowd, at home or in school, and is not given adequate attention (Fig. 13)

Transparencies are frequently seen in the drawings of children who are overtly aggressive, with occasions of immaturity and impulsivity. The need to be concrete, rather than abstract, will lead them to draw a skeleton and then put clothing around it. Such children tend to engage in sexual activities or explorations. The boys in this category have a tendency towards delinquency. Transparencies of specific body parts are found in children who are seeking information or assurances concerning their experiences as they relate to these parts of the body (Fig. 14)

Stick figures are not allowed. However, if children insist on drawing stick figures they may be demonstrating evasive tendencies a characteristic of insecurity. It suggests also minimal co-operation and negativism. It may also suggest poor interpersonal relationships and poor body image.

Robots, geometric and other dehumanized figures are common among children who have brain damage and possible psychosis. It would be interesting to note this feature in the near future with the increasing interest in phenomenon such as Star Wars and automation

Boxed-in drawings suggest a feeling of isolation. The child maybe experiencing some estrangement with members of or the entire family. Serious considerations should also be given to boxed-in drawings when the child is asked to "draw your family."

SPECIFIC BODY PARTS

Tiny heads occur more often in children with intense feelings of intellectual inadequacy, because the head is the center of intellectual power. Machover (1947) suggests that such children are obsessive-compulsive and are struggling to follow the dictates of the feelings or the impulses rather than the controls of the mind. Girls draw larger heads than boys.

Unusually large heads for children after age 7 or 8 would suggest inflated ego and expansive tendencies. Fantasy is a primary source of satisfaction. It also suggests over valuation of intelligence. (Fig., 27)

Hair on the head, face or chest are symbols of virility. Hair becomes significant during adolescence. Males who draw hairy women are often sexually immature and even show hostility towards females.

Face The face is the source of sensory satisfaction and the seat of interpersonal communication. Over-emphasis of face, as heavy shading, may suggest serious emotional disturbance. Over-emphasis on facial features suggests over concern for outward appearance. Omission of face is found occasionally in normal children, but more often found in poorly adjusted, psychotic or brain damaged children. (Fig. 26).

Unusually large eyes suggest watchfulness and suspicion; very sensitive to social opinions. It should be noted that females draw larger and more detailed eyes than males. (Fig. 16, 20).

Small and closed eyes suggest introversive tendencies. It may also suggest guilt feelings, probably voyeuristic conflicts. (Fig. 23).

Crossed eyes are common in hostile and angry children. Such children do not see the world as others do and do not wish to conform.

Omission of eyes (not only the pupils) is common in isolated youngsters. They refuse to face the world, deny their problems and often escape into fantasy. (Fig. 26).

Large ears suggest sensitivity to criticism, even show paranoid tendencies; possibility of hallucinatory experiences.

Omission of ears could be normal, e.g., when covered by long hair; otherwise it may suggest low intelligence or maladjustment. (Fig. 47).

Exaggerated nose may suggest sexual inadequacy or impotency. In older males it maybe melancholia or hypersensitivity. It suggests suspicions in the elderly. (Fig. 9).

Omission of the nose Such children show poor social interests and are withdrawn. This is accompanied by feelings of immobility and helplessness. It may also suggest body anxiety. (Fig. 23, 46).

Mouth emphasis (often in cases of oral eroticism or verbal aggressiveness) suggests possible speech problems, thumb sucking or eating problems; often associated with dependent, immature persons. In the elderly it is the inability to communicate. (Fig. 23).

Omission of the mouth is found commonly in children with serious emotional problems. It suggests feelings of anxiety, insecurity and passive resistance; it also reflects the inability or refusal to communicate with others (Fig. 26, 32).

Open-mouth suggests oral passivity. It was noted in patients with peptic ulcers and other psychosomatic complaints. (Fig. 25, 37).

Smile - These drawings are spontaneous and tend to communicate happy events in the child's life, e.g., a new toy.

Teeth showing prominently indicate aggression and poor adjustment. Some of it may be normal or may be pathological, if other indicators suggest it. (Fig. 27).

Chin suggests strong drives, possibly a compensation for feelings of inadequacy.

Neck has been suggested as the link between intellect and emotion, or the ego control of id impulses. The greater emphasis of neck will suggest greater need to control impulses. (Fig. 47).

Neck omitted in persons above age 10 suggests impulsivity; also evident in mental defectives and regressed persons. In younger children it shows poor adjustment. (Fig. 36).

Omission of the body is normal in nursery school but is clinically significant for older children. In kindergarten it may indicate slower development. In children older than 7, it may suggest brain damage or mental retardation. (Fig. 32).

Short Neck suggests stubborn and rigid tendencies, a desire to keep emotions from clouding the intellect. (Fig. 11).

Long neck is usually drawn by cultured, socially stiff individuals; even overly formal and moral. It is also possible they are dissatisfied with their body image. (Fig. 46, 54).

Arms clinging to the sides of the body are not related to any specific type of behavior. They suggest a rigid inner control and the difficulty in reaching others. Such children are inflexible and have poor social relationships. (Fig. 43).

Long arms Such children are often directly aggressive. It may suggest the need for achievement. Outstretched arms may suggest the reaching out for love. (Fig. 45).

Short arms are exhibited frequently by shy youngsters. Occasionally it is found with normal as well as special needs children. It suggests the child has difficulty in reaching out into the world and towards others. It is the tendency to withdraw, to inhibit impulses, to be well behaved; sometimes they are too well behaved for their own good. It does not suggest the lack of desire for achievement. (Fig. 39).

Big hands are found in aggressive children and in those who steal. They may indicate a compensation for feelings of guilt and inadequacy about the hands. This indicator is found more often in boys. (Fig. 48).

Hands cut off are common in shy children. They are also found in children who stole and have feeling of guilt. This is a denial of the hands to deny the guilt. (Fig. 39).

Breasts are commonly found in older males. They may be substituted by pockets . It may suggest sexual immaturity. When drawn by females it suggests a dominant and mother image. If large breast and small waist in females, it may suggest narcissistic tendencies. (Fig. 37).

Small breasts may suggest fear of maternal rejection

Waistline: In males, if treated unusually, it may suggest sexual conflicts. High waistline may suggest the blocking of sexual impulses. A wasp waistline in men might suggest homosexual tendencies. (Fig. 23).

Hip emphasis in males suggests homosexual tendencies. In females it suggests interests in child bearing. (Fig. 29).

Buttocks emphasized suggest latent or homosexual tendencies. It may also suggest immaturity and anal fixations. In females it may be associated with the awareness of power.

Genitals A child is not likely to show genitals on drawings intended for others; if he does, it may suggest emotional disturbance, overt aggression or acute body anxiety. One is more likely to find them on school bathroom walls where impulses are not censored. (Fig. 27).

Gross assymetry of limbs, such as excessively long legs or arms, is associated with poor co-ordination and poor use of fine muscles. There maybe feelings of inadequacy about controlling and using the limbs. (Fig. 32).

Legs pressed together This indicator suggests tenseness and a rigid attempt to control their sexual impluses, or those of others against them. This indicator is more commonly found in girls. (Fig. 43).

Legs chopped off by the bottom of the page suggests a feeling of insecurity or a lack of autonomy. (Fig. 31).

Legs drawn very long suggest a need to become autonomous. In females, if muscular, it suggests confusion over sexuality. (Fig. 27).

Omission of legs, e.g., refusal to draw them, may suggest sexual or severe emotional disturbance. Tiny legs may suggest retardation or organic problems. (Fig. 37).

Feet indicate feelings of mobility, social and psychological. Beginning to draw a figure with feet suggests depression, guilt or discouragement.

Bare feet in a well clothed person may suggest hostility and negativism. This may not be true in society where shoe is not part of the regular attire.

Feet over-emphasized suggest a need to show sexuality, to be aggressive or assaultive. Long feet have been found in patients with psychosomatic complaints e.g., ulcer. Over detailing of feet may suggest narcissistic tendencies. (Fig. 27).

Feet omission suggest the lack of independence, a loss of autonomy and helplessness. (Fig. 31).

Children's drawings reflect their approach to life Ambition is reflected in the child with superior intelligence. For example, in drawing oneself struggling up the side of a steep mountain. He sees life as a challenge. Another drawing of a child falling depicts desperation and helplessness. The latter may be pressured by his parents to do well and maybe described by them as lazy.

Retreat from life Drawing a child, who is small in stature, has a shaded neck, and is running are common traits in children who back away from responsibility and life. (Fig. 34)

ADJUNCTIVE FEATURES

Stance   A wide stance suggests a defiance of authority; acting out behavior. This may be accompanied by ground lines. (Fig. 47).

Tipp toe stance suggests a tenuous grasp of reality or a strong need for flight.

Posture Stiff figure suggests tension and rigid control of impulses; occasionally associated with depression. Leaning figures suggest mild insecurity. (Fig. 43).

Action that is moderate and non-violent is common in normal bright children. Violent action suggests aggressiveness. (Fig. 48).

Profile is common in bright children. In older children it suggests evasiveness or communications on one's own terms; occasional oppositional tendencies. Profile head with body front-view suggests social uneasiness, some degree of dishonesty or poor judgment. (Fig. 39).

Back view of person drawn suggests serious psychopathic condition, schizophrenia or paranoia.

Clothing Over clothing suggests infantile egocentric personality. It may also suggest exhibitionism and the need for social approval. (Fig. 38).

Under-clothed or nude suggests a pre-occupation with body development. It may suggest voyeuristic and exhibitionistic tendencies.

Buttons is often seen in dependent, inadequate personalities. In midline it suggests regression and ego-centricity, possibly fighting to control impulses. (Fig. 34, 38).

Pockets in males drawings suggest dependency, need for material care, or a conflict involving maternal dependency. In females it stresses independence. (Fig. 27).

Tie suggests the need for self assurance in maleness. Large ties are a form of compensation for sexual inadequacy.

Shoe over emphasis, especially with high heels by males, suggests homosexual tendencies.

Belt Belt buckles emphasis suggests dependency. Belt emphasis suggests sexual preoccupation, or conflict with sexual feelings; also indicates dependency. Belt should be considered in connection with waistline. (Fig. 47).

Cowboys The need to identify with masculinity. While in some it may be normal, in others it may suggest delinquent tendencies. (Fig. 22).

Witches suggest overt-punitiveness or a hostility towards females.

Clouds and/or rain is found in children who tend to turn their aggression inward. They may be depressed or may be feeling pressure from above, viz., from parents and teachers. (Fig. 18).

The presence of ground or grass is common in many children's drawings but suggests some degree of insecurity. This is not uncommon in a domineering world of adults such as that experienced by children from authoritarian homes. (Fig. 22).

Sun and Moon are associated with parental love and support, and with adult authority and protection. The love and support on the part of parents are not mutually exclusive but integrally a part of overprotectiveness. Such parents are loving and show over concern while the children feel too sheltered. The children show ambivalence but dare to reveal only the positive side. Such children show high teacher ratings and an awareness of parental pressure. (Fig. 38, 43).

ART THERAPY

> "... Art Therapy is conceived primarily as a means of supporting the ego, fostering the development of a sense of identity, and promoting maturation in general. It's main function is seen in the power of art to contribute to the development of psychic organization that is able to function under pressure without breakdown or the need to resort to stultifying defense mechanism." (E. Kramer, 1971 P. xiii)

Art therapy grew out of a need for greater personalized expression, a need that is increasingly felt in a automated society. Because of the absence of identity with work, there is a loss of well-being, a feeling of emptiness.

Art expression as therapy came into being in the 1940's with the pioneering work of Margaret Naumberg. It had its roots in the Psychoanalytic movement of Sigmund Freud and Carl Jung at the turn of the century. Clients were encouraged to free associate to their drawings. In the 1950's Edith Kramer, "...emphasized the integrative and healing properties of the creative process itself, which does not require verbal reflection." Further impetus was given during the 1960's with the surge of the Human Potential Movement with its accent on creativity and direct experience. Another catalyst at this time was the resurgence of Jungian psychology of the personal unconscious, where clients were asked to illustrate their dreams. It was in this Zeigeist of the 1960's that Art Therapy became a recognized profession. Today there is greater emphasis on Existentialism - less Determinism - holding the individual responsible and accountable for his drawings. (Kramer, 1971).

The physical and psychological melieu must be supportive of the children's activities while achieving the goals of the treatment.

There should be adequate work space and the room should be free from distractions. The initial contact maybe oral to clarify instructions as well as to set the child at ease. The medium, color, size of paper, etc. would be determined by the goal of the therapist. Small groups may be preferred to large groups and for those who find the one-to-one relationship anxiety provoking.

The therapist should be someone who can readily empathize because children who most need therapy are already mistrustful of adults and authority figures. He must be malleable and be able to modify his techniques to meet diverse situations and personalities. He should be a skilled artisan deciding how, if and when questions and comments are necessary. He should be insightful in evaluating progress and reshaping techniques. This is especially important where "talking out" is a more significant aspect of the therapy. Such a therapeutic relationship will lend itself to better communication, a development of trust and a restructuring of the client's enfeebling defenses.

The defense mechanism or coping devices of difficult children are often limited and inappropriate. Art is the constructive acting out of impulses. Because art is natural and pleasurable, it enhances skills in concentration, perseverance and precision in symbolic representation. For this reason, art maybe useful when other techniques have failed. The role of the artist is to help the child transcend his child-like world. It helps the child look critically at his own production, integrating and synthesizing the color, shapes and forms. As the child learns to compare, critique and admire, his production takes on social proportions and a universal outlook: a total ego involvement and development. This in no way suggests that the therapist is a maker of professional artist, rather he is a guide for a respectable, growing individual, aspiring for high self-esteem and appropriate coping skills. Edith Kramer calls this all-involved coping device sublimation.

Other defenses such as aggression, avoidance, denial and compulsion are, in more limited ways, dealt with in art. Raw aggression as libidinal drives are sources of potentially useful energy, but all to often become expressions of sado-masochism e.g., drawing monsters, acts of violence. Underlying is a constant fear and a longing for inner peace. In the tear of confronting the direct aggression, avoidance and denial become the substitute coping device, followed by compensation through obsession and compulsion, e.g., a well-dressed crook. The role of the therapist is limited here. He can help the child get over inertia, but the child must take initiative and sustain the activity. By subtle questioning a child can be helped to see his aggressive identification, the means of portrayal, and the subsequent and constructive transformation of such aggression.

"Projection as a defense is quite common in children's drawings and it inevitably takes on an image of its maker." (Kramer, 1971). The figures are created in the service of wish-fulfillment, but the capacity to fulfill his wish is limited by his pathology, his ego states and his psychomotor and cognitive skills. The child is then confronted with some aspects of his own personality. Recognizing this the child may want to discontinue the exercise The therapist has no choice. In other instances the projected image may, by judicial and systematic questioning, become an excellent vehicle of self-discovery and ego-integration.

Transferance, in a therapeutic relationship, is where client re-enacts infantile conflicts and anxieties in a concrete situation. The therapist invites the relationship and should become empathic and supportive to allow the relationship to grow. Concurrently, art therapy must keep pace with this dynamic relationship or it may hinder the creative process. When the transferance becomes too dominant, the process regresses because compulsive acts quickly become substituted.

Where a child has pathological dependency needs and where his behavior is emotionally laden, it may touch deeply a sensitive spot in the therapist's psyche. The result maybe the therapist then reacts to his own past rather than the needs of the client. The relationship then becomes contaminated by this condition of counter-transferance. In therapy the emphasis should be on the art rather than the relationship, on the client rather than the therapist.

In the therapeutic relationship the child should be helped to seek his own individuality, identify, and discover meaning in existance. This maybe in combination with his own stated goals. A therapist should not give of his wisdom but lead the client to the threshold of his own mind (Gibran, 1923). The sessions should be a nurturing laboratory helping the client become aware of his needs and aspirations. which are singularly his own. In as much as he immitates others, reflect their feelings and share their dreams, he is uniquely an entity to himself. In therapy he should gradually become aware of his uniqueness and accept it for the good and not-so-good aspects. This awareness must be combined with the skill and insight of self discovery. Becoming of the self is a life long process. Robert Browning wrote, "... A man's reach should exceed his grasp, or what's a heaven for?" Life as a process is the search for meaning in existence - the unfolding of a higher self. Wadeson (1980) claims it is more than the search for meaning. Art is the creation of meaning and not merely the consensual endorsement of a culture. Art helps us to "... step back and look at the meanings we create rather than to assume that meaning is intrinsic." In Art Therapy a child does not duplicate the world, he transforms it. Problem children who seek, or are helped to seek therapy, are not giving their lives the meaning they deserve. The creative art and an effective therapeutic relationship can enhance the search for or the creation of meaning.

The conclusion of all meetings, single or multiple sessions, individual or family, should provide the client with a feeling of goodness. It provides for continued growth and self-enhancement away from the session, while ensuring a sustained interest in future sessions. The feelings of goodness maybe through identifying areas of progress or the awareness of specific and generalized sense of accomplishment.

Art therapy, a relatively new field, has numerous limitations. The tools of research are not refined, the data is limited and the medium of art is particularly vulnerable to speculation. The techniques available for analysizing art forms are inadequate. It has been noted that beyond the age of 12 or 13 art is severely limited in diagnosing or refining cognitive skills. Any claims, or generalization, therefore, needs be cautious.

APPENDIX A

SAMPLE OF CHILDREN'S DRAWINGS

Interpretation of drawings must combine several items and wherever and whenever possible make use of age, sex, cultural and familial background.

Figure I: 1 year, 8 months.
Note : Early scribbles, horizontal lines

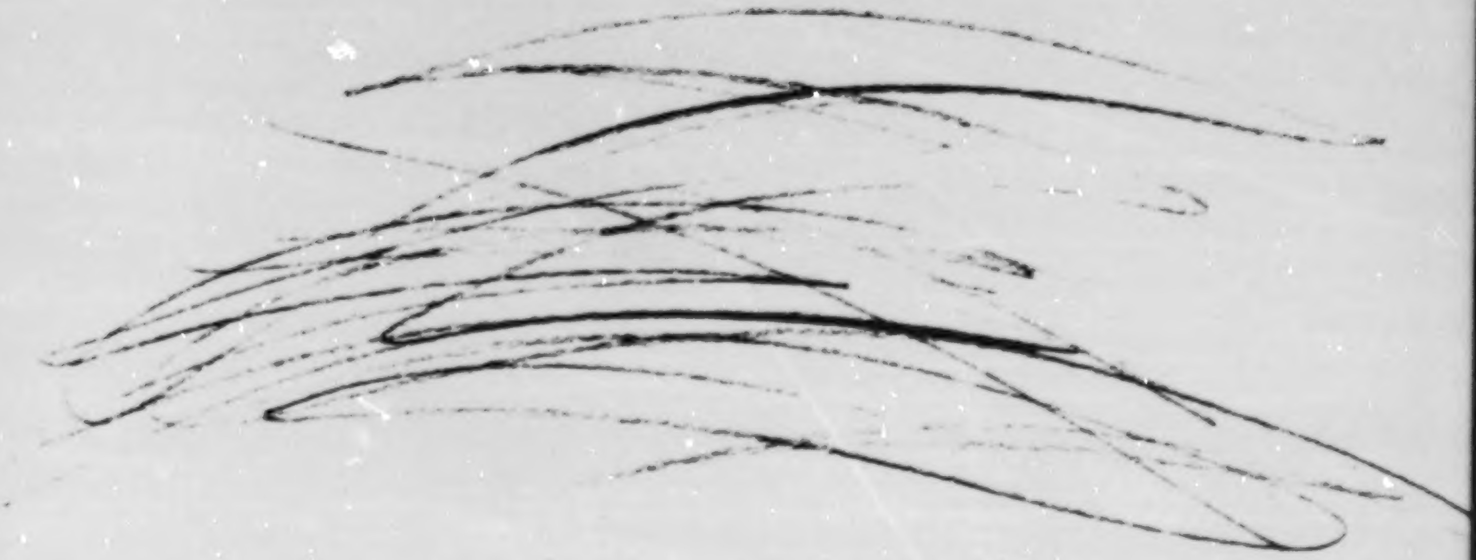


Fig. 2 : Male, 2yrs, 0 months
Note: Vertical lines, indicative of maturity

Figure 3: Female, 2 years, 2 months
Note : Circular lines-Mandala (average intelligence)repetition of lines (striving for competency)

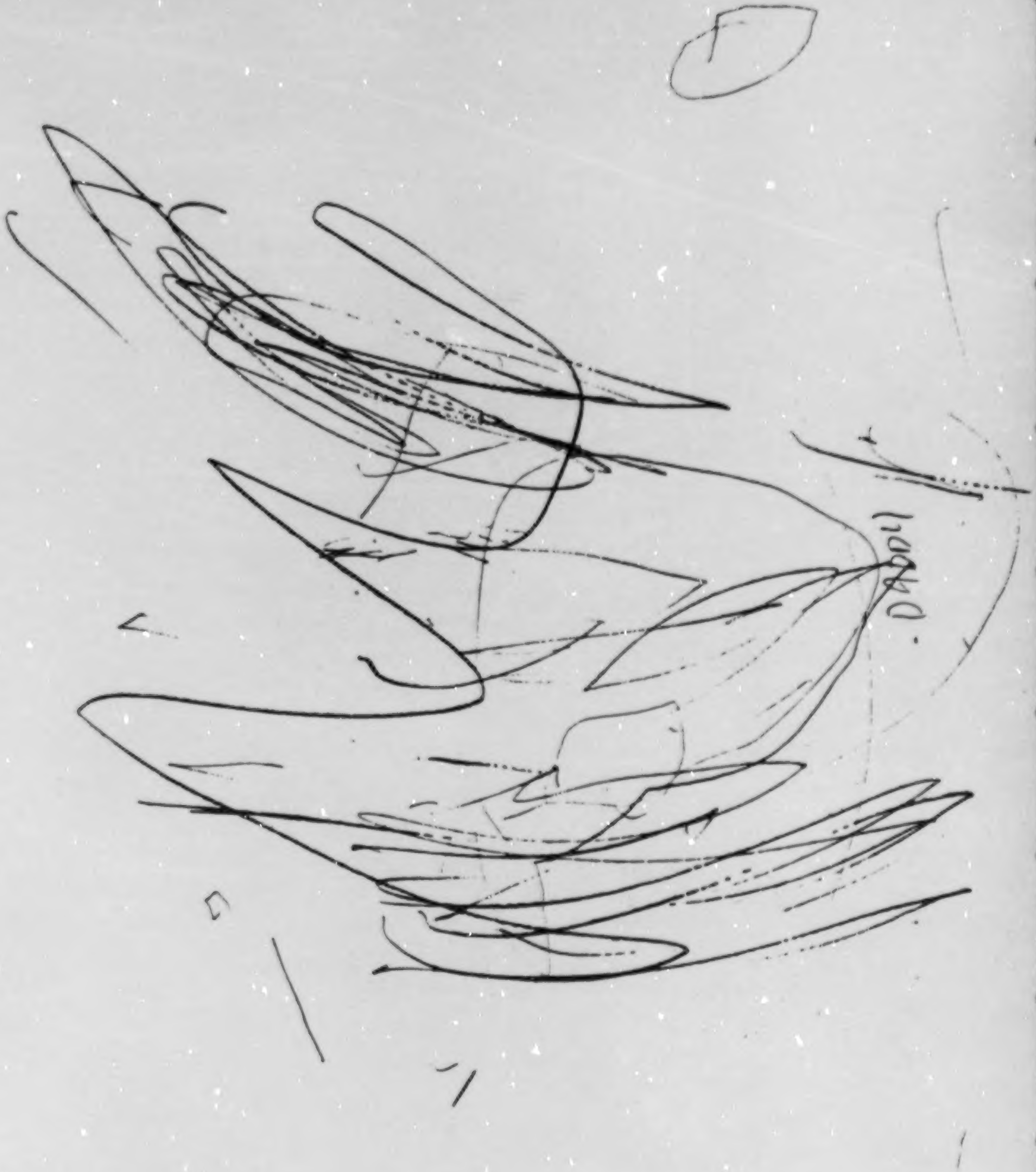


Figure: 4: Male Age 2 years; 10 months

Note: Verticle lines, incomplete circles (mental maturity)
Pressure of lines (anxiety)

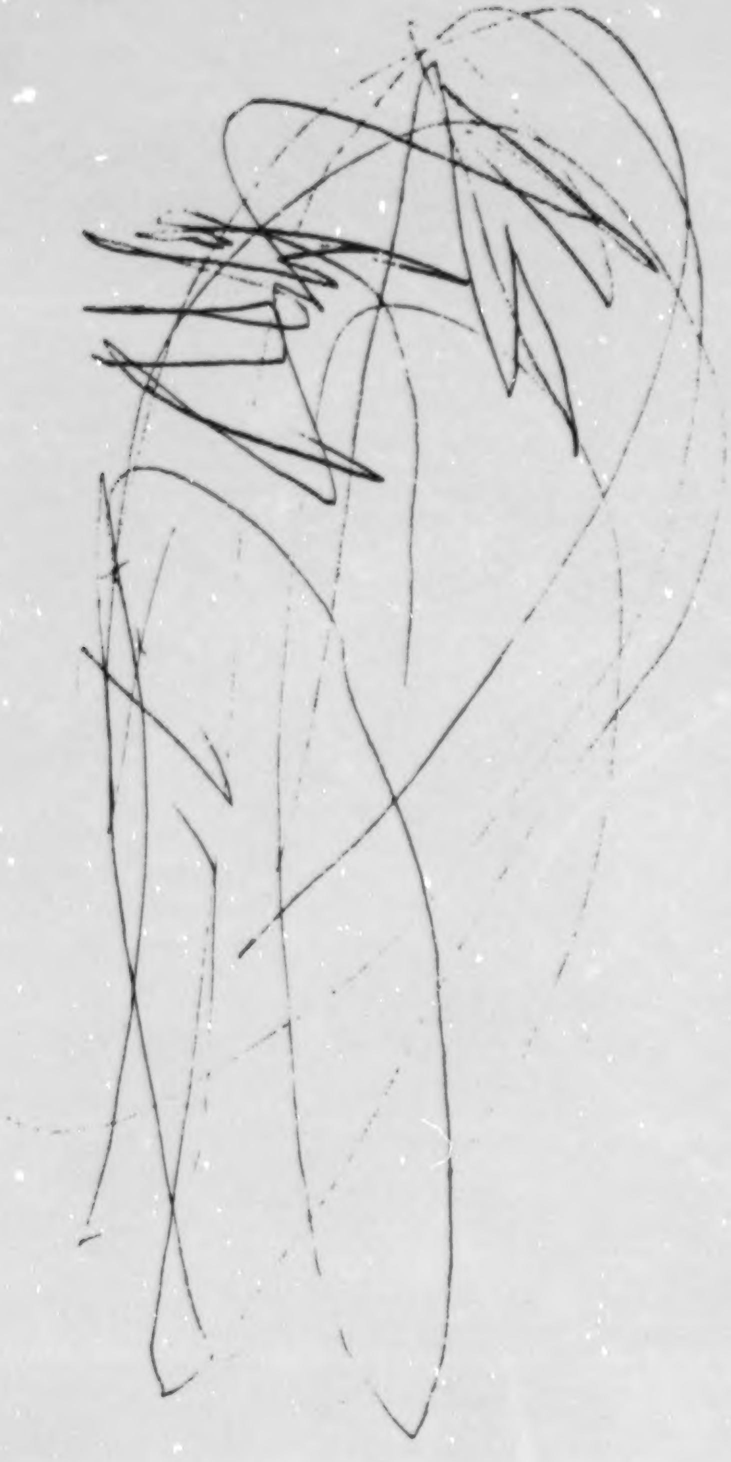


Figure 5: Male 2 years, 2 months
Note: Elongated, circular motif
(average intelligence)

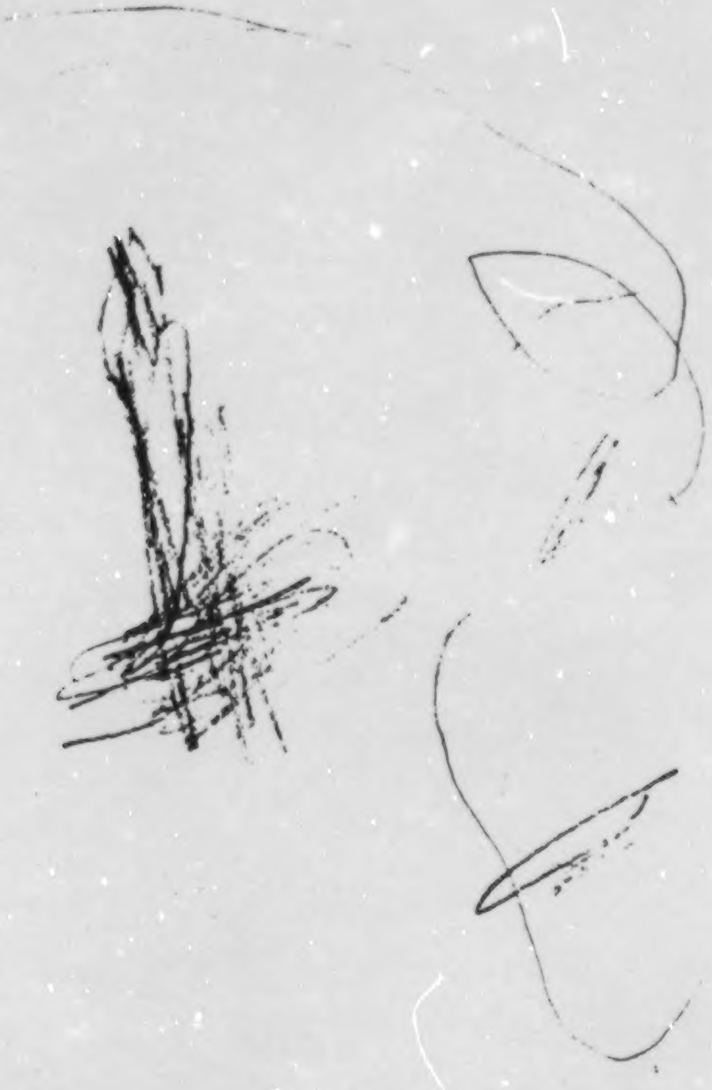


Figure 6: Female, Age 3 years
Note: No shape or form evident (below average IQ)
(problem with motor skills)
Heavy shading (possibly hyperactivity)

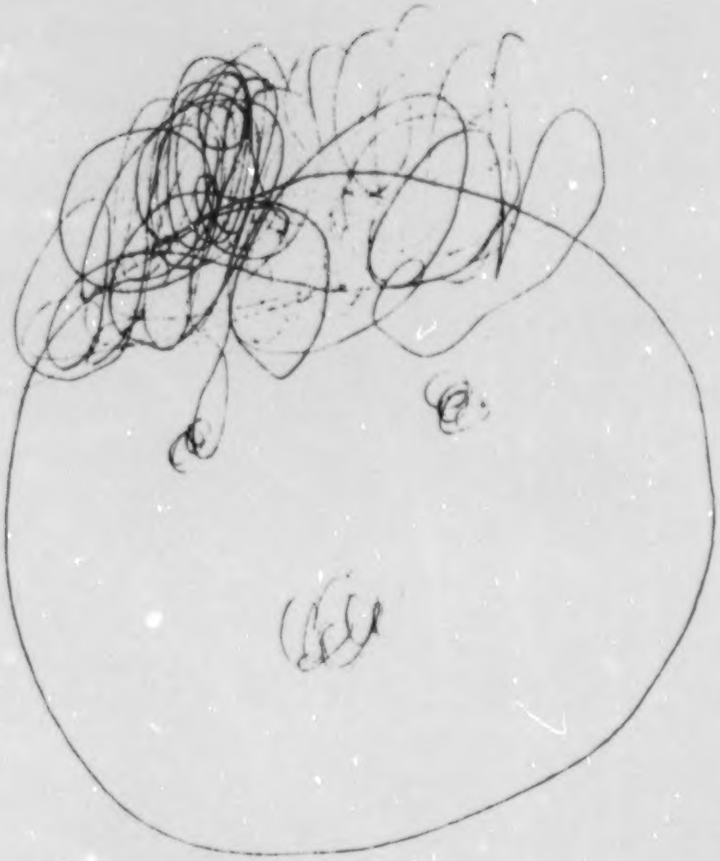


Figure 7: Female, 3 yrs, 4 months
Note: Early meaningful figure, elaborate hair-do

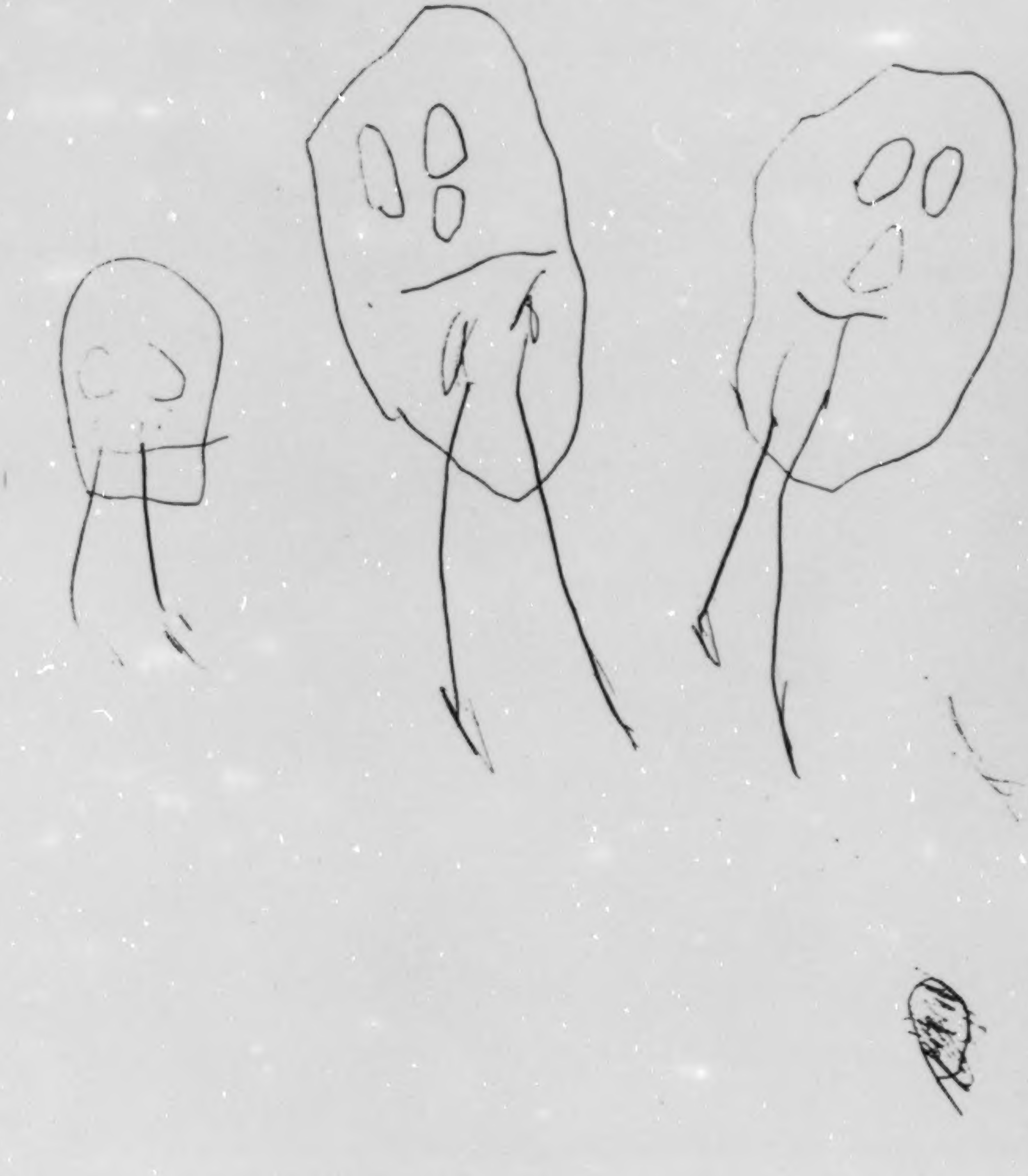


Figure 8: Female, 3 years
Note: Distinct figure forms, tadpole (above average)
Several figures (striving for competency)

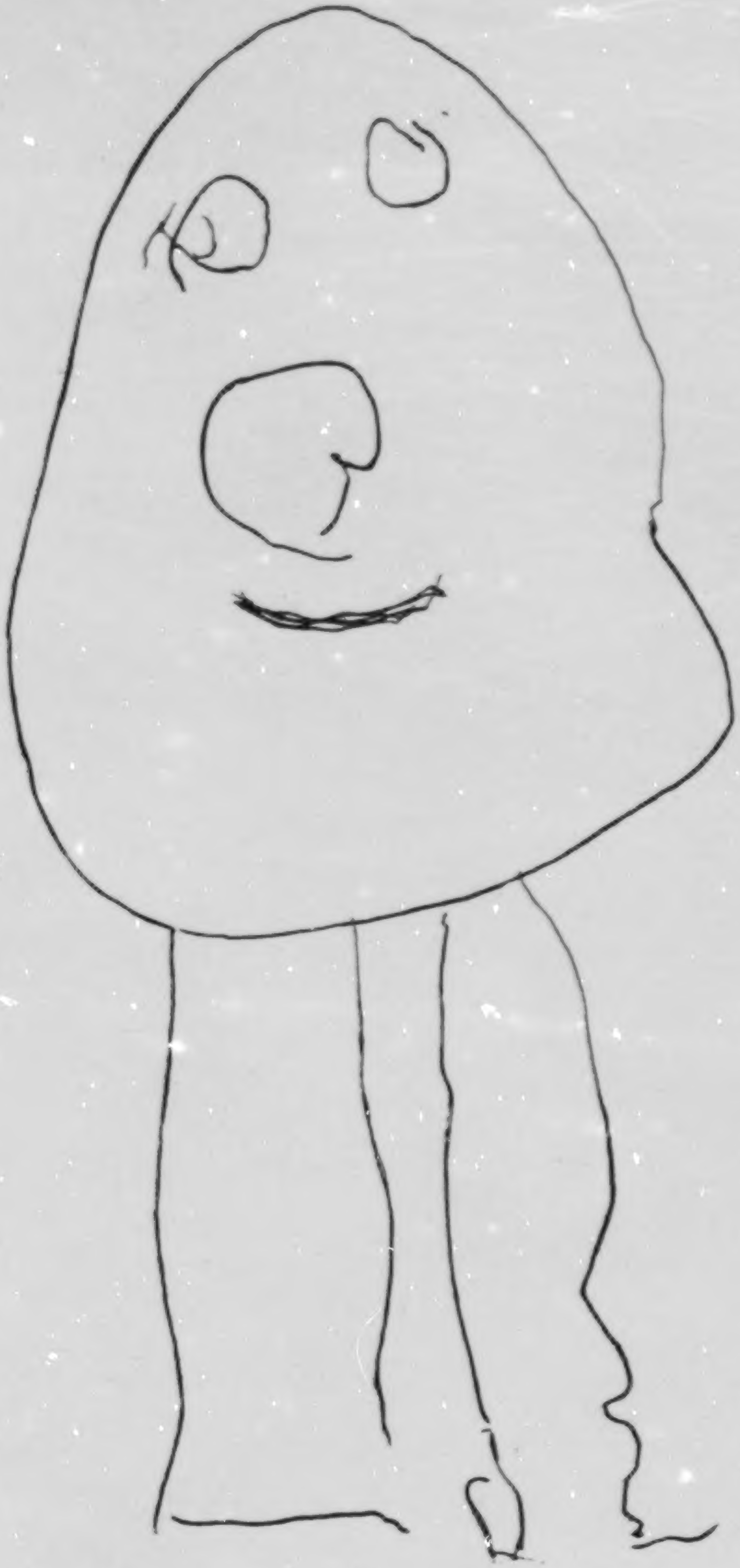


Figure 9: Male , 4 years
Note: Head, Tadpole (normal intelligence)

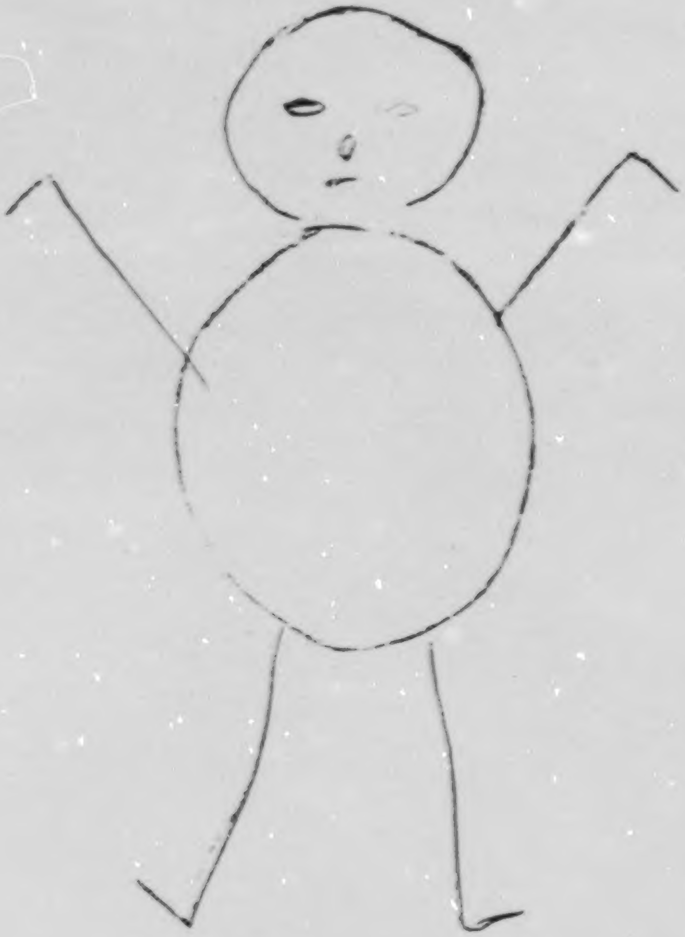


Figure 10: Male, 5 years, 9 months
Note: Body more proportionate, arms upward

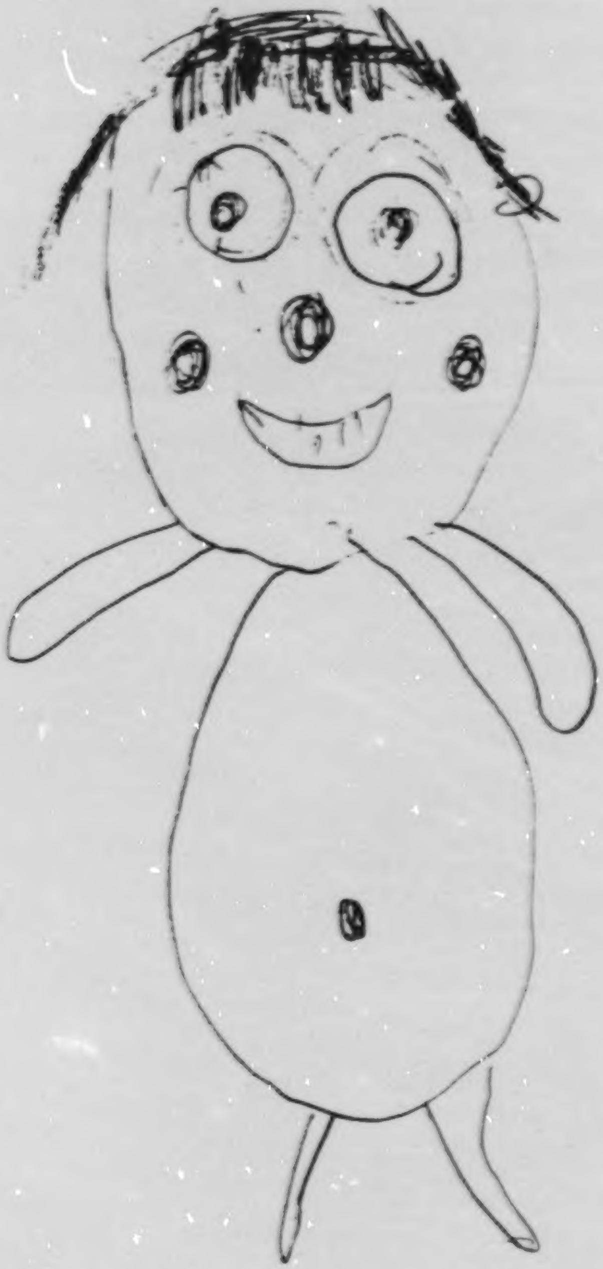


Figure 11: Female, Age 6 years, 3 months
Note: Arms coming out from head (below average intelligence)
Prominent eyes (watchfulness)
large mouth (she has a lisp)

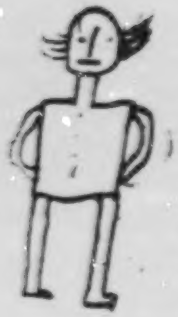


Figure 12 Male Age 7 Years

Note:		
	Lack of Details	(low mental maturity)
	Square Body	(rigidity)
	Small Drawings	(self-concept is poor)
	Hidden Hands	(shyness)

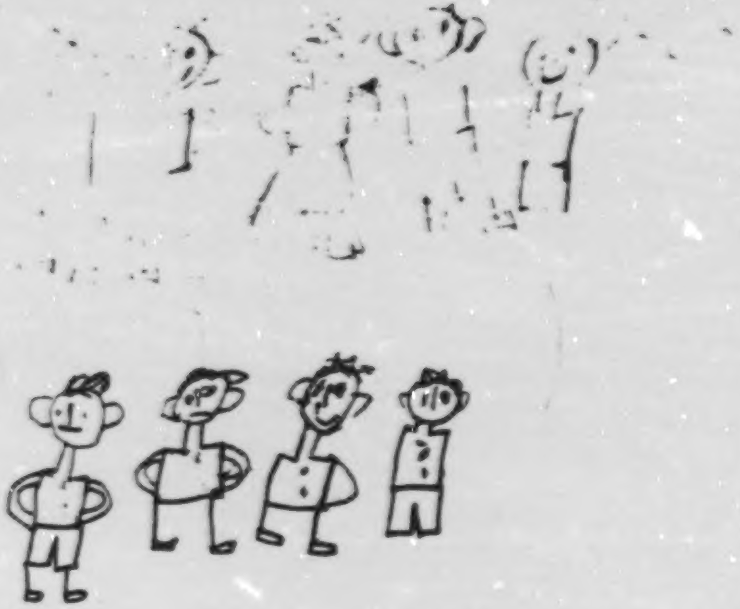


Figure 13: Male Age 7 Years

Note: Many figures (need for attention)
Square bodies (rigidity)
Heavy erasing (obsessive-compulsive)

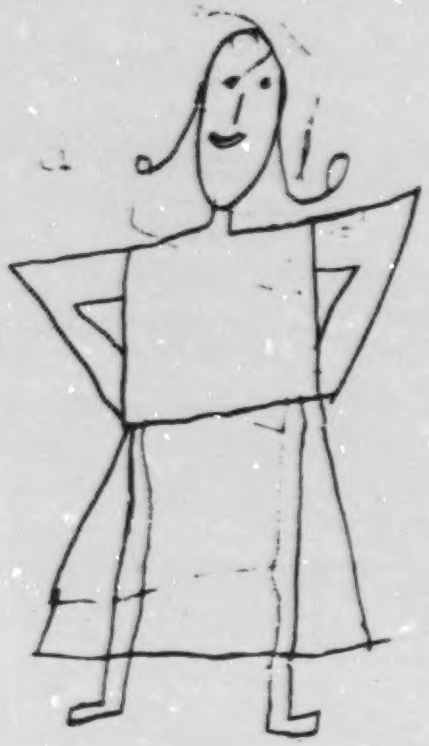


Figure: 14 Male Age 7 Years

Note: Transparency (need for concreteness)
Opposite sex (sex identity)
Square shoulder (rigidity)

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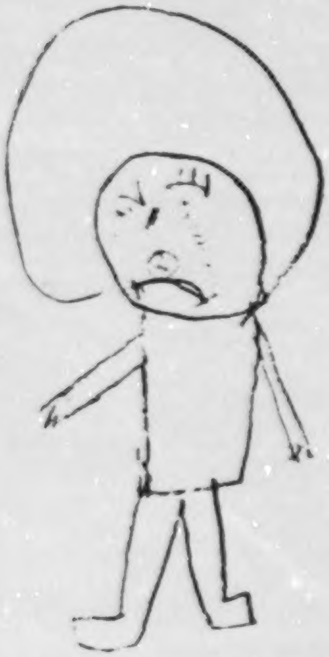
Fig 15: Male, Age 7 yrs.
Note: Teeth (anger)
Drawing at bottom left (emotional outbursts)



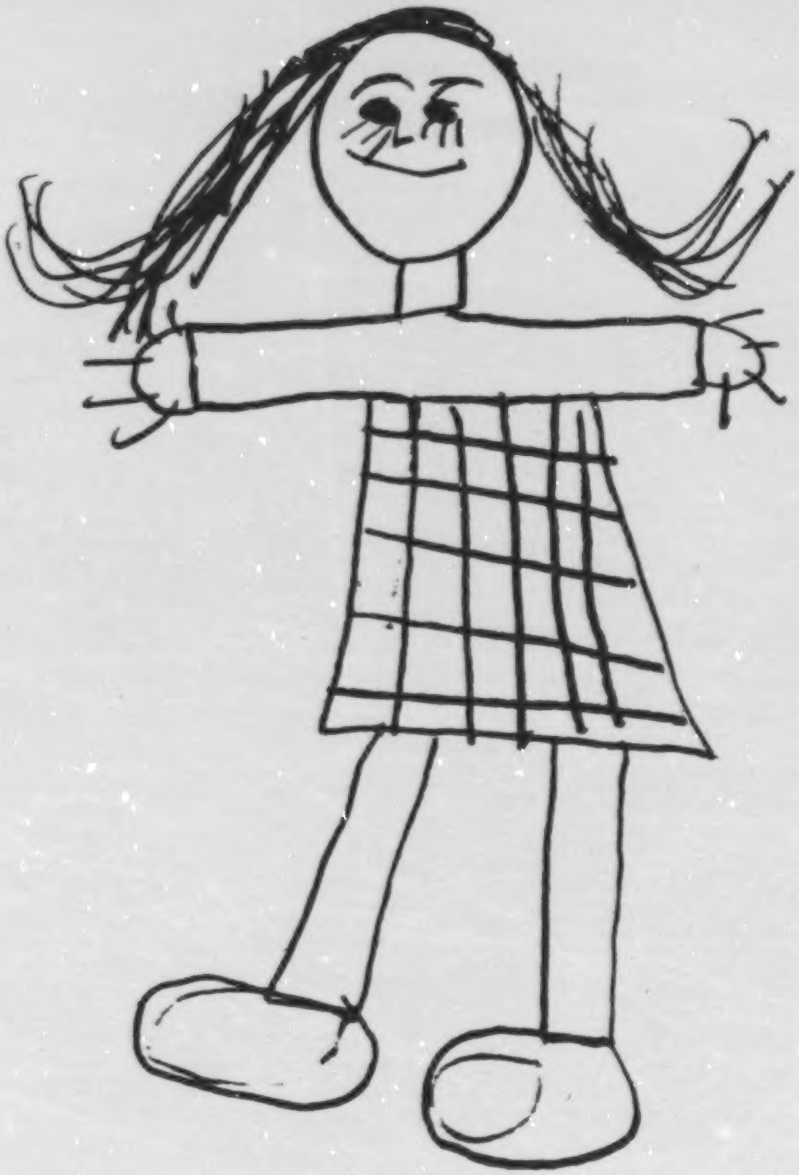


Figure 16: Male Age 7 Years

Note : Opposite sex (sex identity)
Heavy lines (anxiety)
Prominent eyes and hair (watchfulness)
Square body (rigidity)

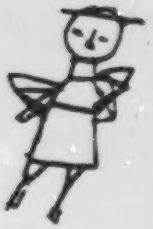


Figure 17: Male Age 7 Years

Note:
Opposite Sex (sex identity)
Tiny drawing (self-concept)
Hidden hands (shyness)

Fig 18: Male, Age 7 yrs, 3 mths
Note: Mouth down (anger)
Ground (insecurity)
Cloud (depressed)

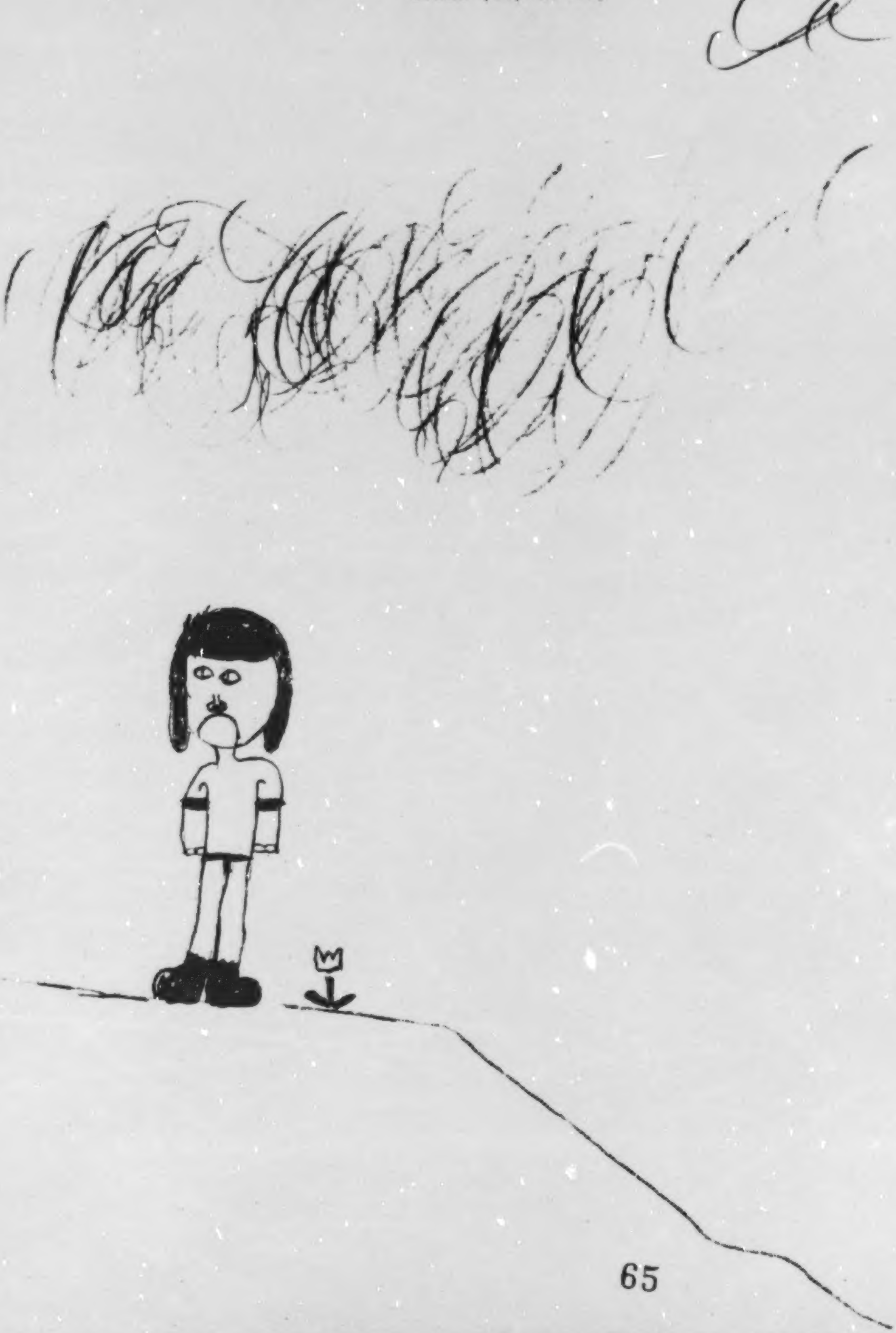
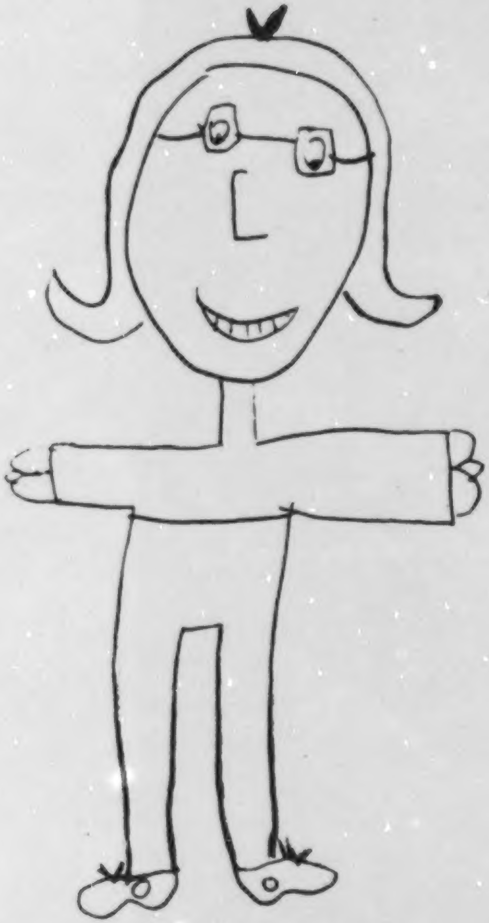


Figure 19: Female 7 Years

Note: Teeth (anger)
Body omission (denial of body/slow development)
Large head (need for mental growth)



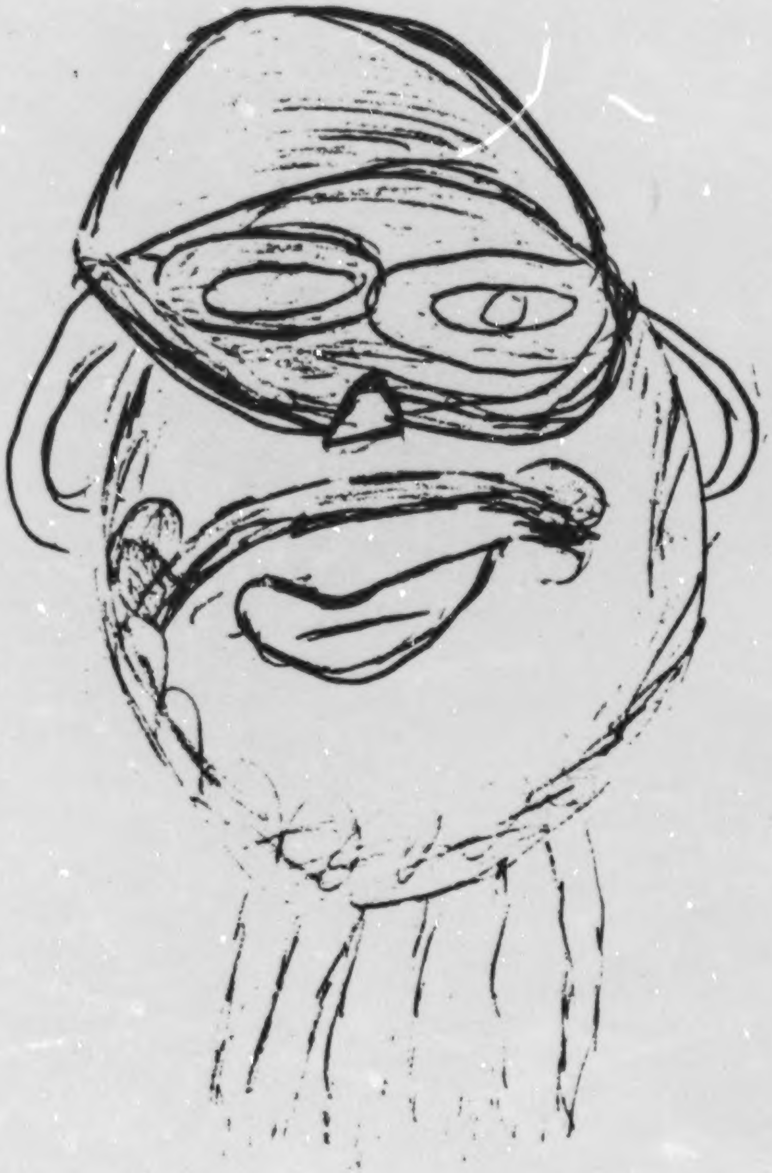


Figure 20: Male Age 8 years (Moderate deafness)

Note: Prominent eyes (suspicious, occasionally steals)
High pressure line (tense)
No body or limbs (poor self image)

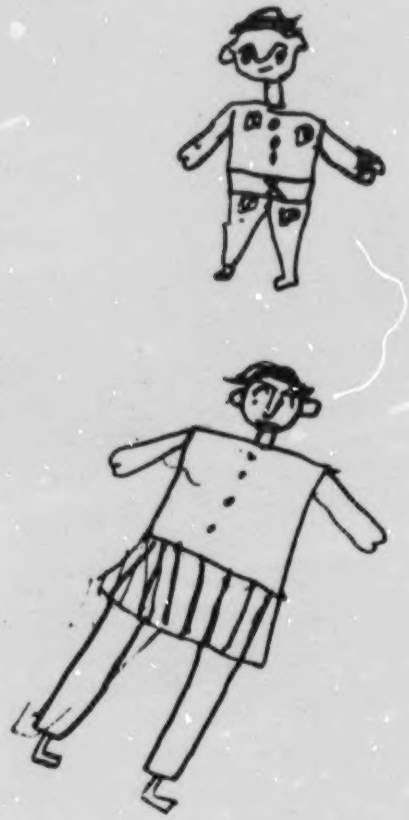


Figure: 21 Female 8 Years

Note: Slanting figure (emotionally imbalance)
Squareness (rigidity)

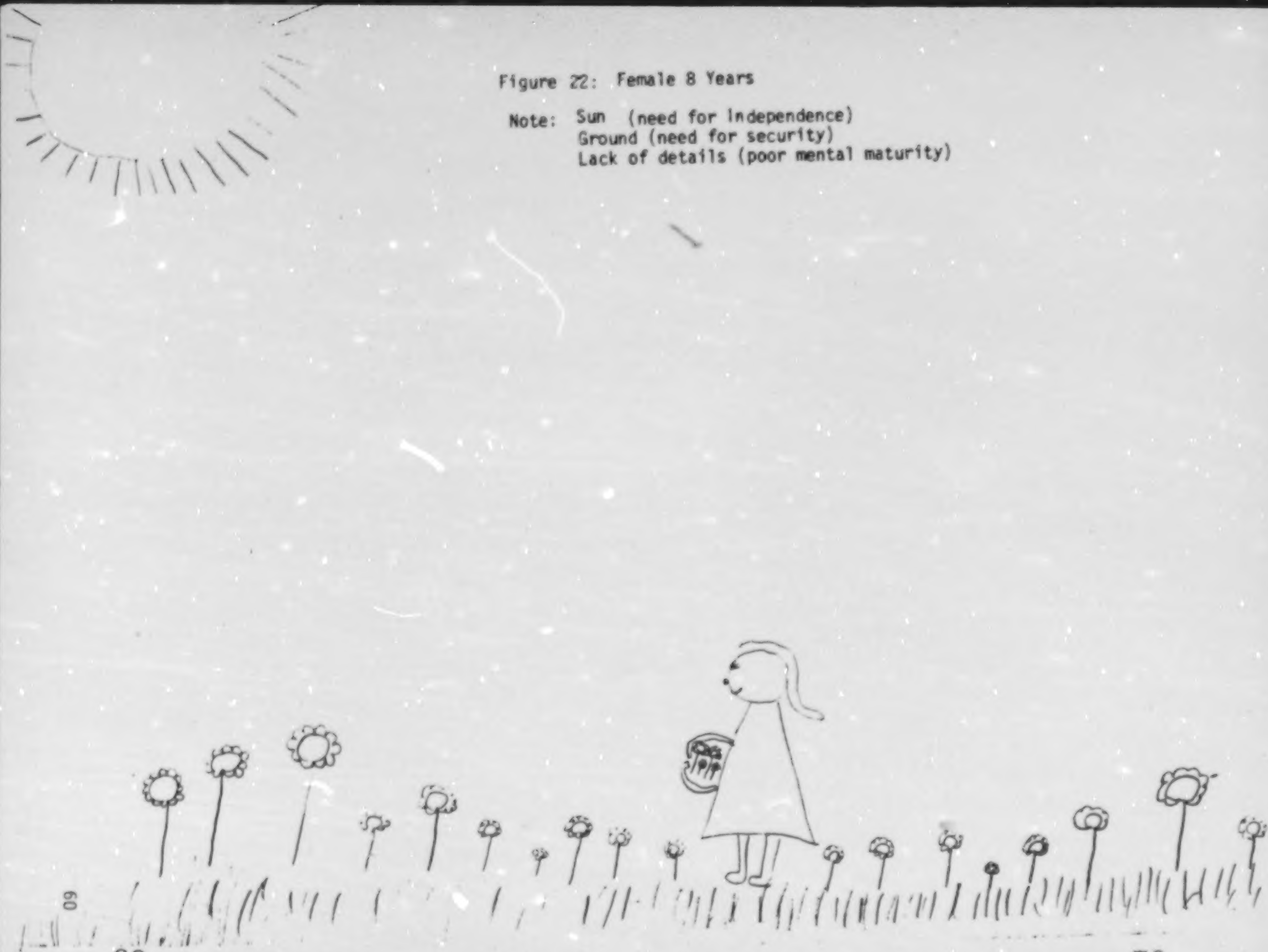


Figure 22: Female 8 Years

Note: Sun (need for independence)
Ground (need for security)
Lack of details (poor mental maturity)

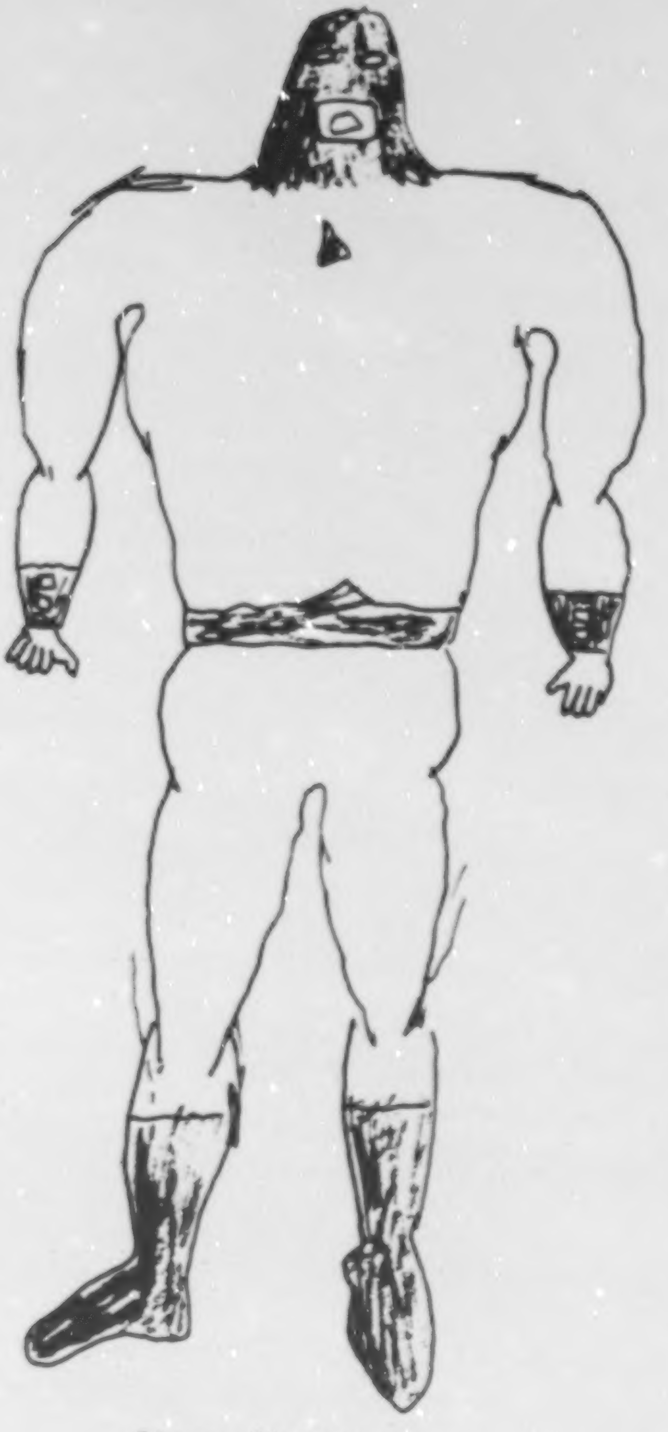


Figure 23: Male 9 Years

Note: Shaded face, legs (withdrawn refusal to communicate)
Masculine features-hips, limbs (masculine identity)

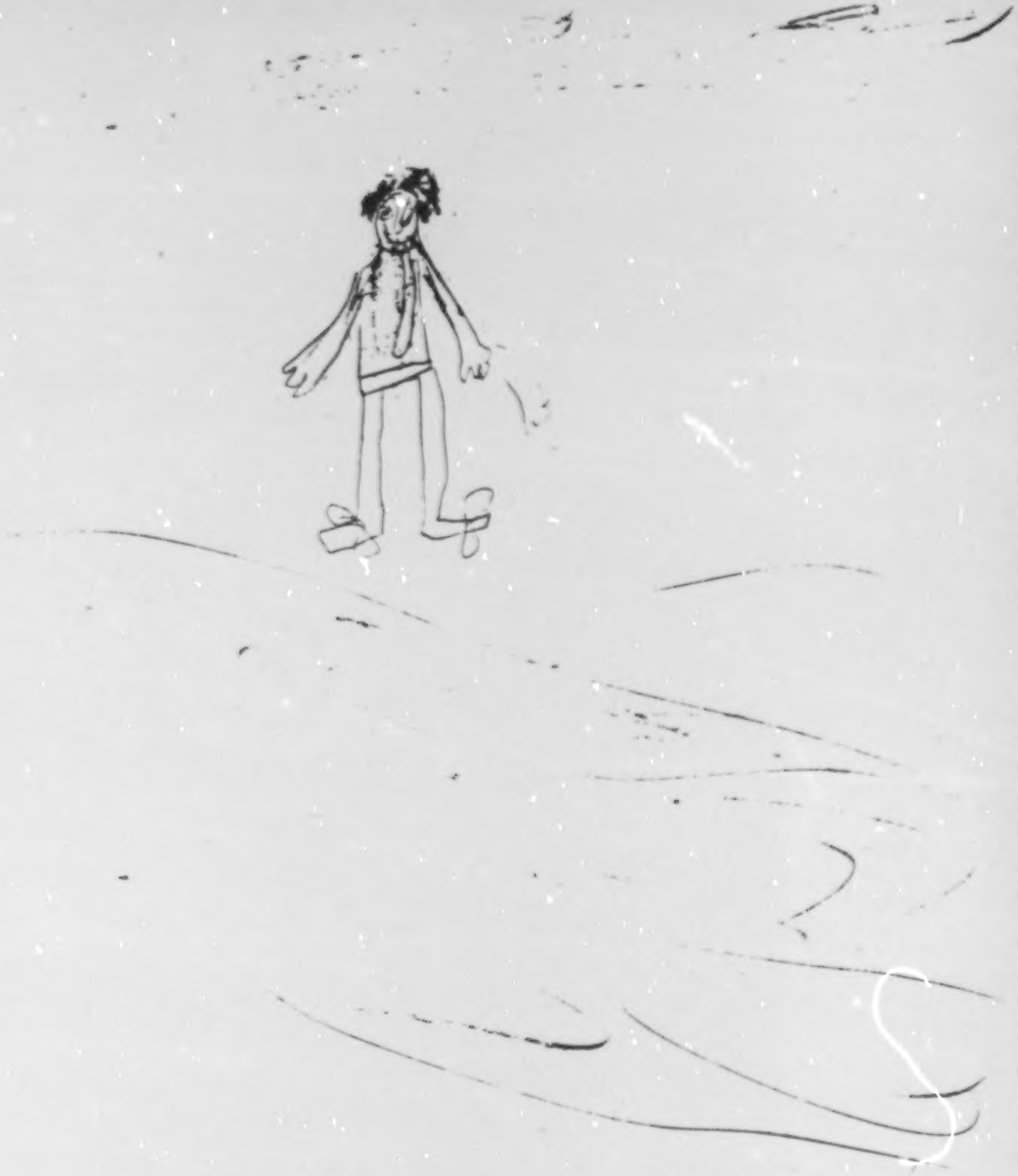


Figure 24: Female Age 9 years (deaf)

Note: Heavy shading of body and head (preoccupation with body functions - deaf and vision problem)

Mitten type hands (repressed aggression)

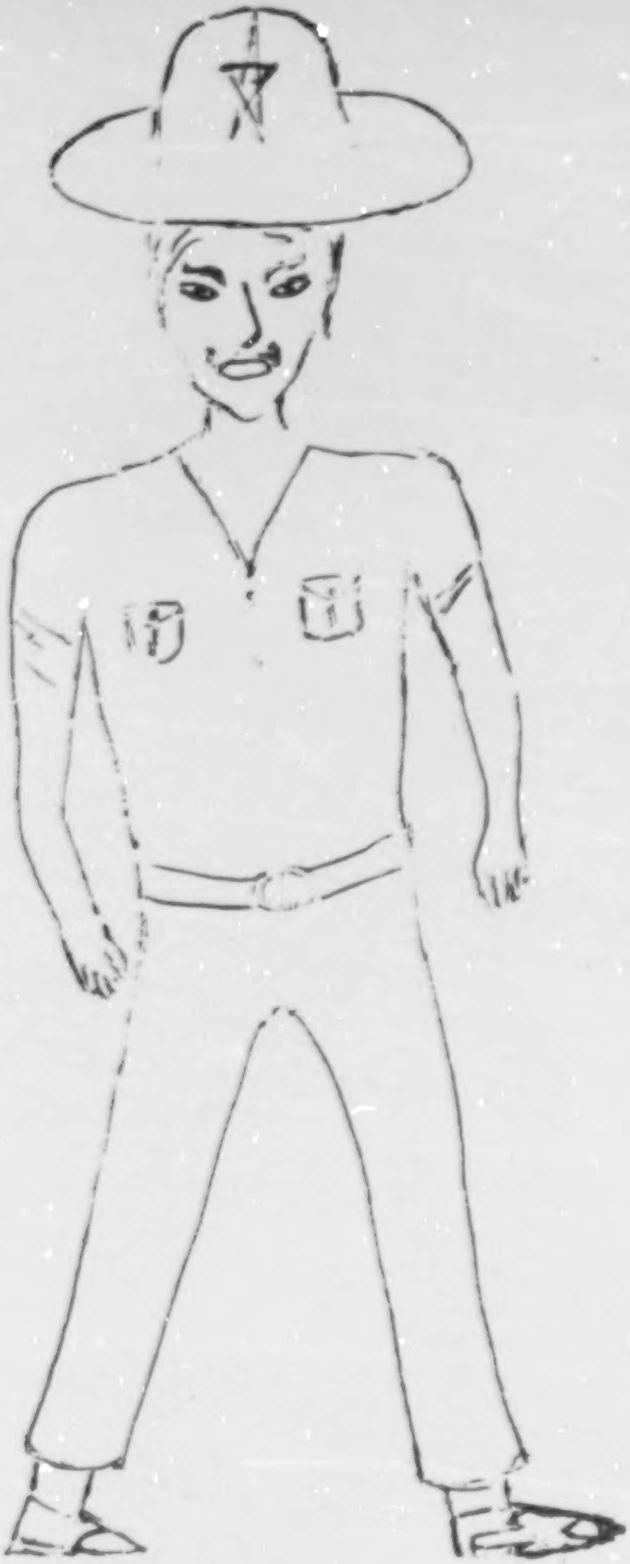


Figure 25: Male Age 9

Note: Details (mental maturity)
Lines traced, firm (anxiety/stubornness)
Cowboy (seeking identity)

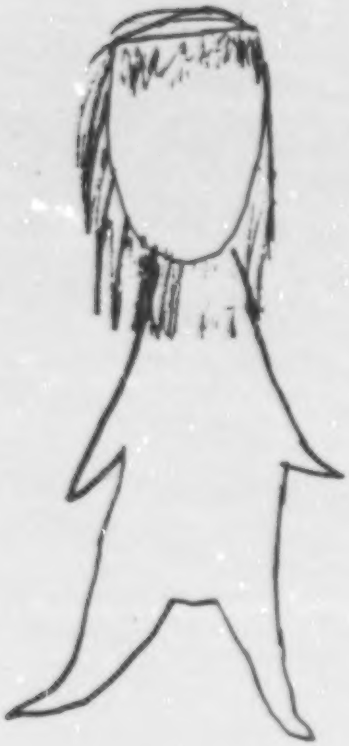


Figure 26: Female 9 Years

Note : No face (refusal to interact)
No nose or mouth (refusal to communicate)
Shaded hair (compulsion)
Primitive limbs (regressed to inner self)

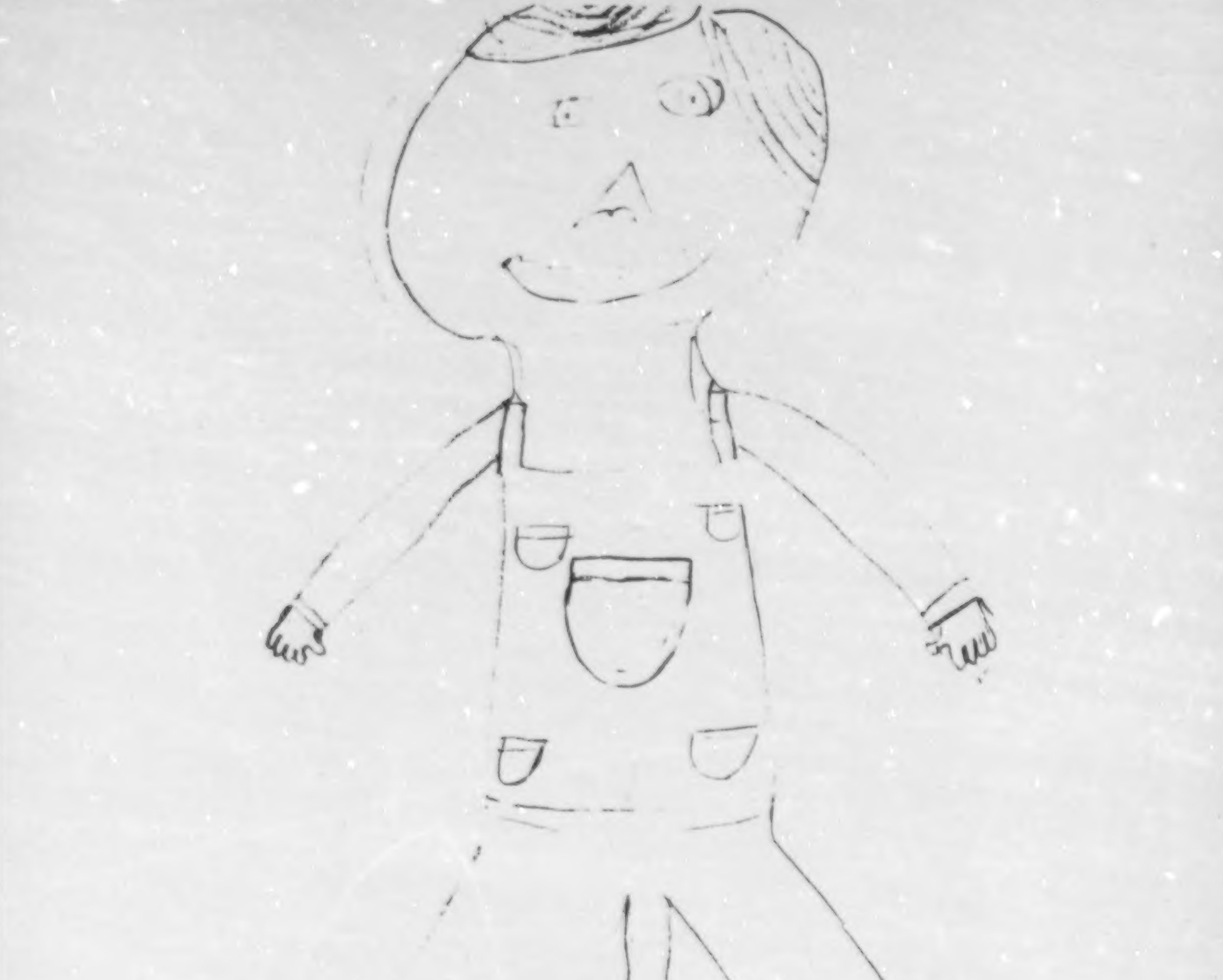


Figure 27: Male, 9 years, 7 months
Note: Teeth (aggression) penis (sexuality)

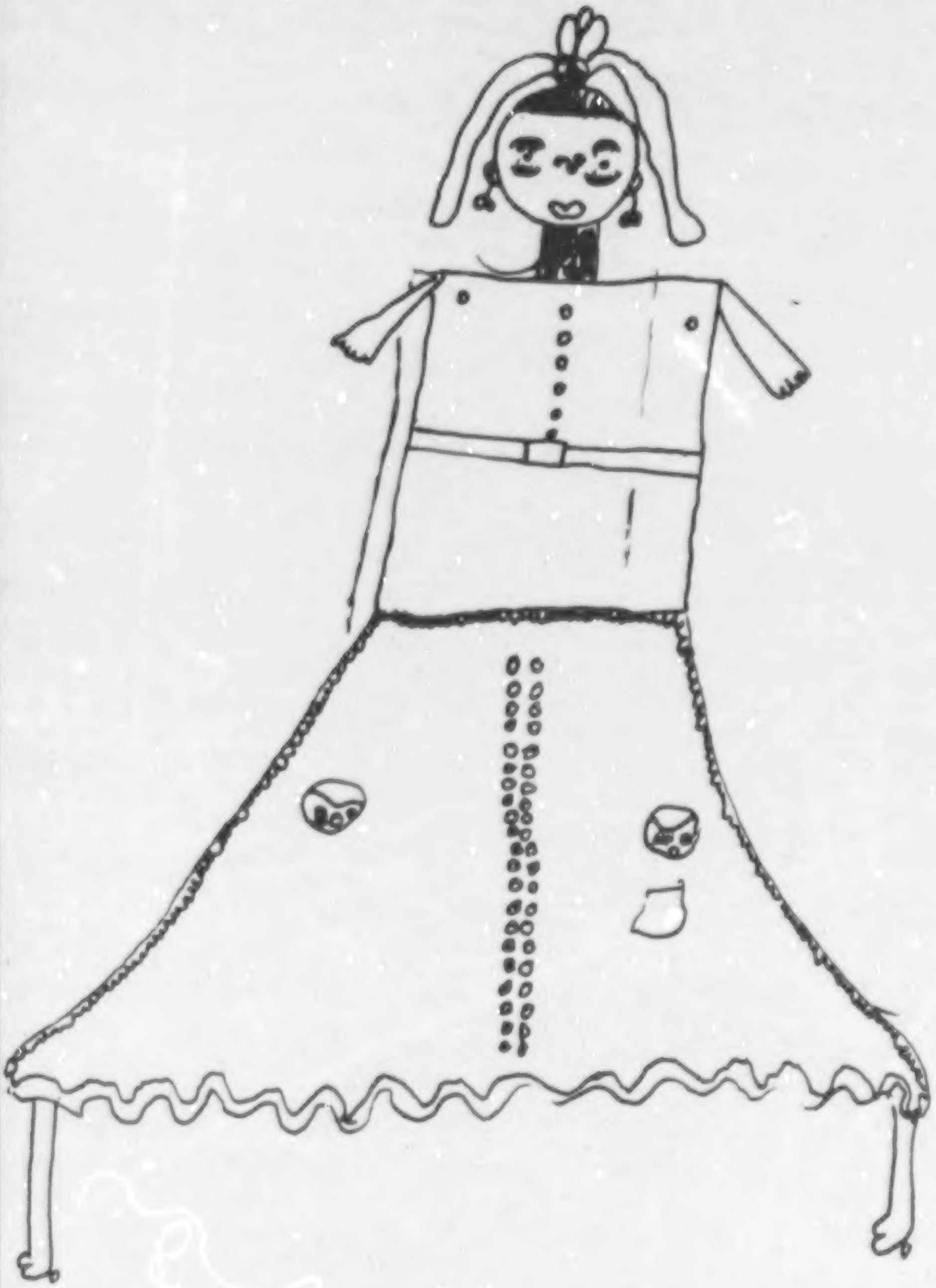
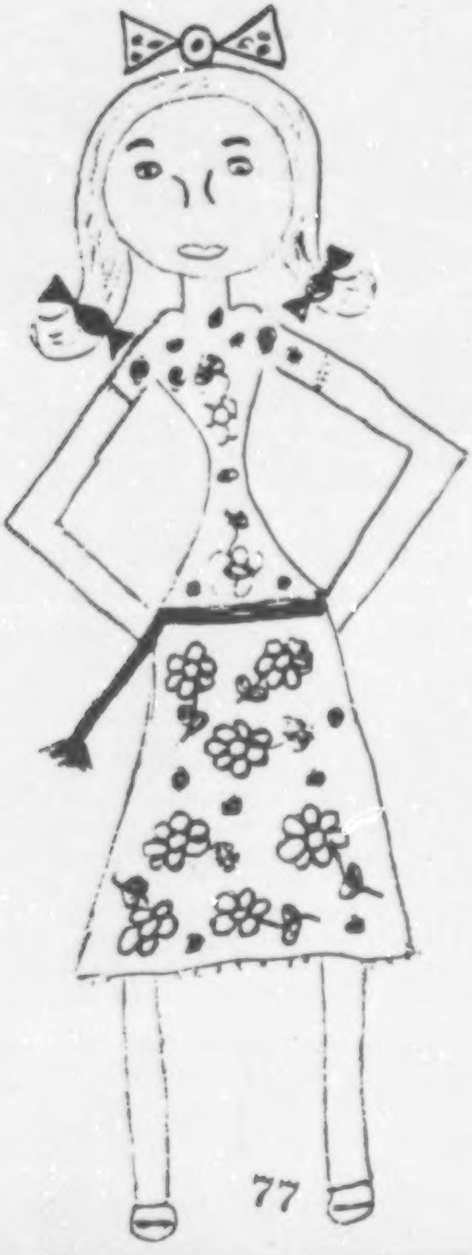


Figure 28: Female 9 Years

Note: Elaborate feminine details (mental maturity)
Short feet and arms (shyness)
Shaded neck - (choked impulses)

Fig 29: Female, 9 years
Note: Hips (sexuality)
Elaborate dress (need for attention)



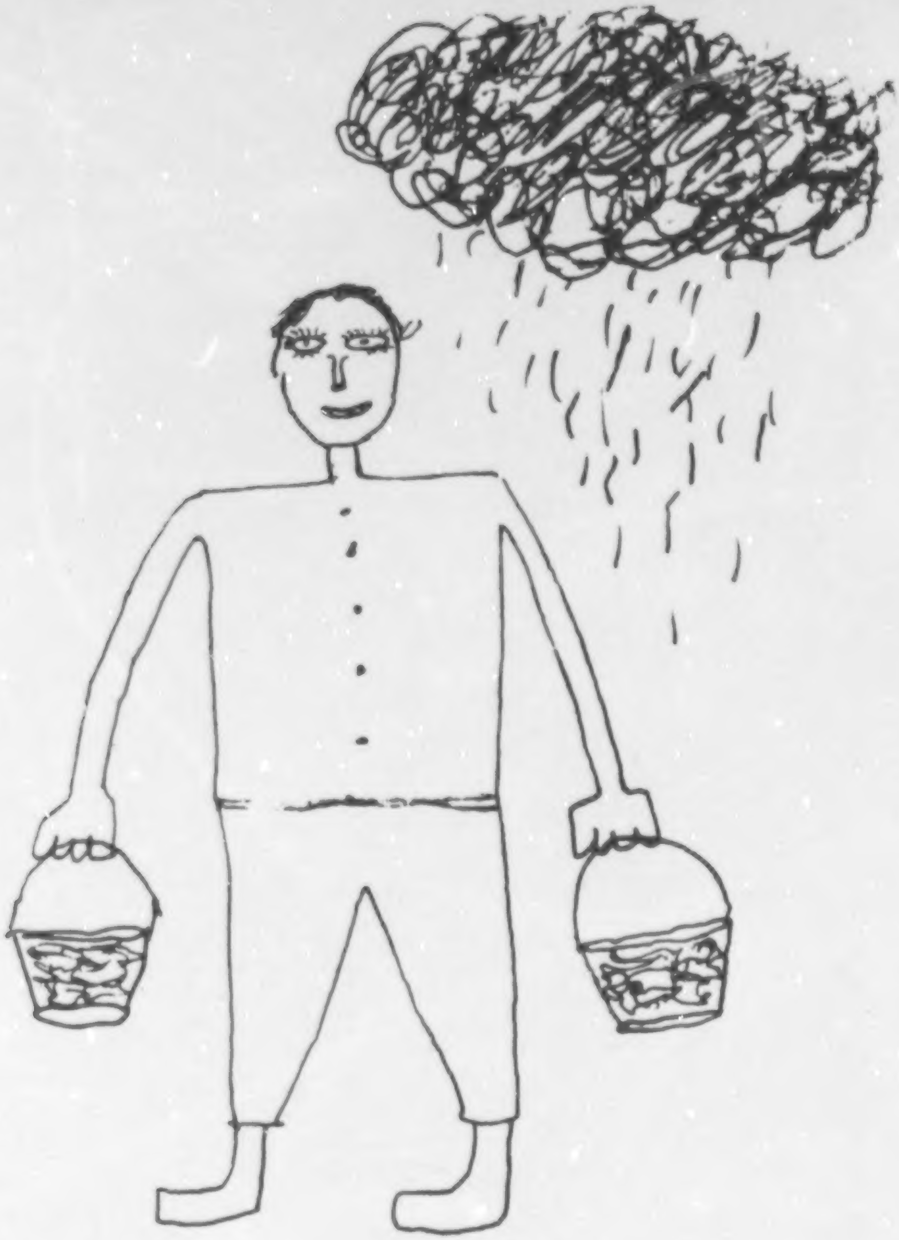
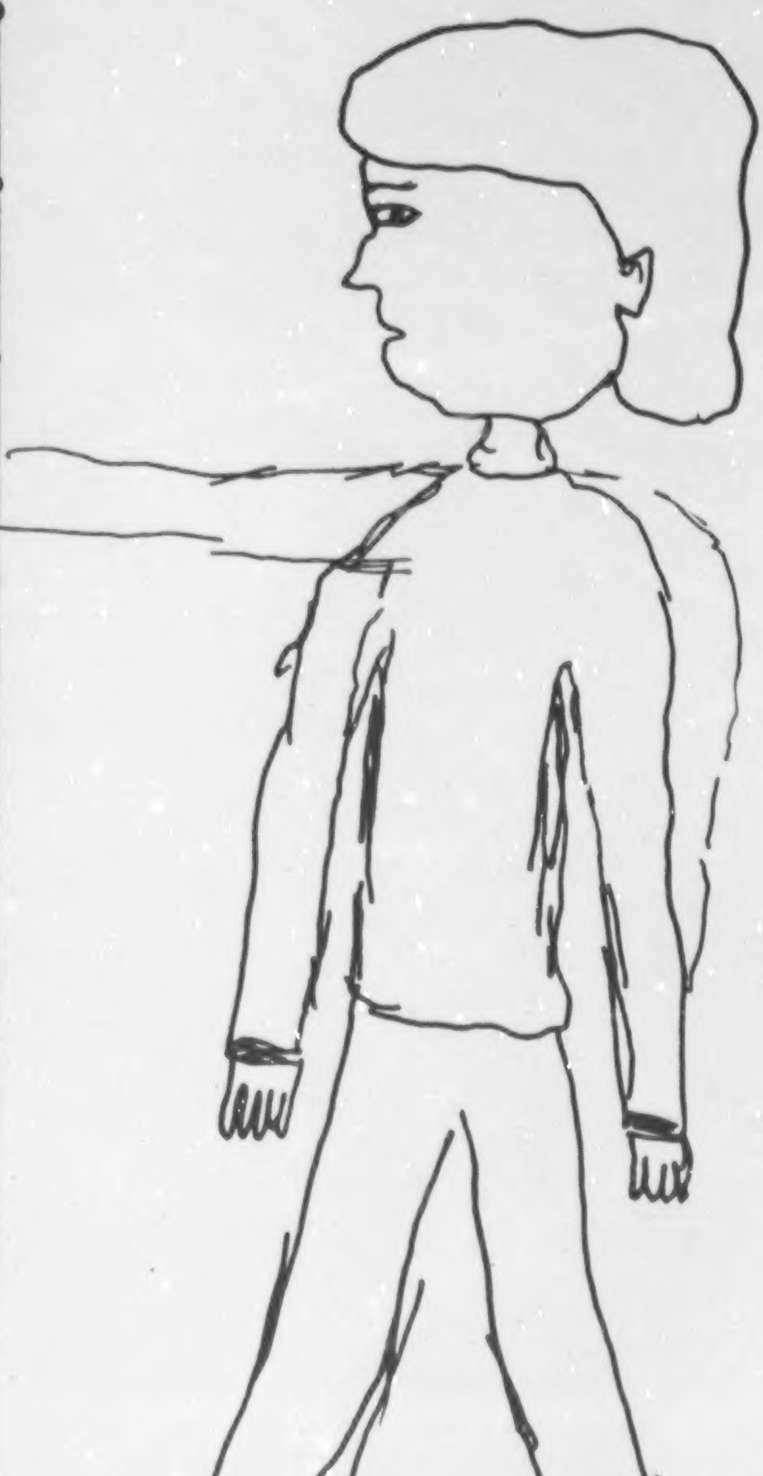


Figure 30: Male 10 Years

Note: Cloud and rain (feeling depressed)
Use of buckets (cultural influence)
Square body (rigidity)

Figure 31: Male 10 Years

Note:
Lines (negativism)
Long limbs (need to be aggressive)
Cut off feet (insecurity)



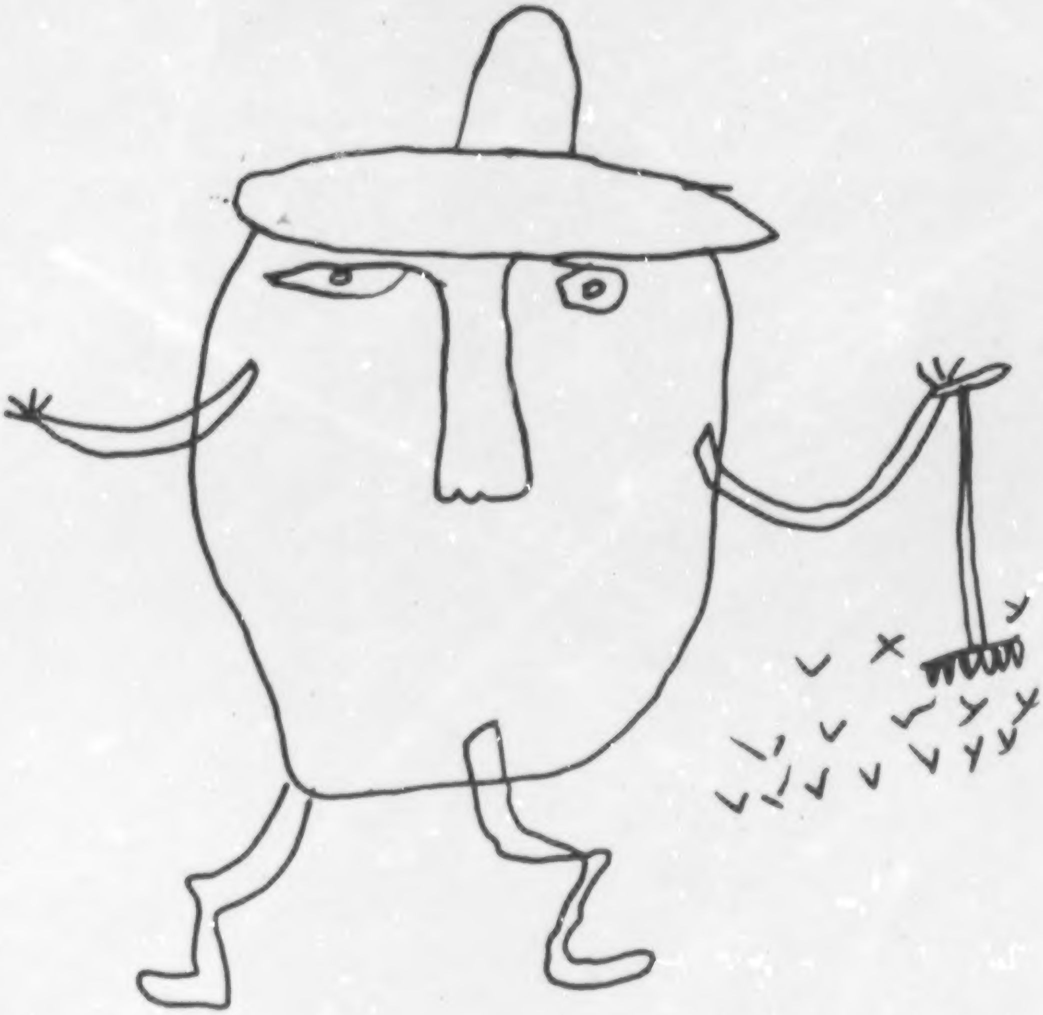


Figure 32: Male 10 Years

Note: Grostesque figure (dissatisfation with self)
Gross assymetry of body and limbs, (physically awkward).
No mouth (refuse to interact)

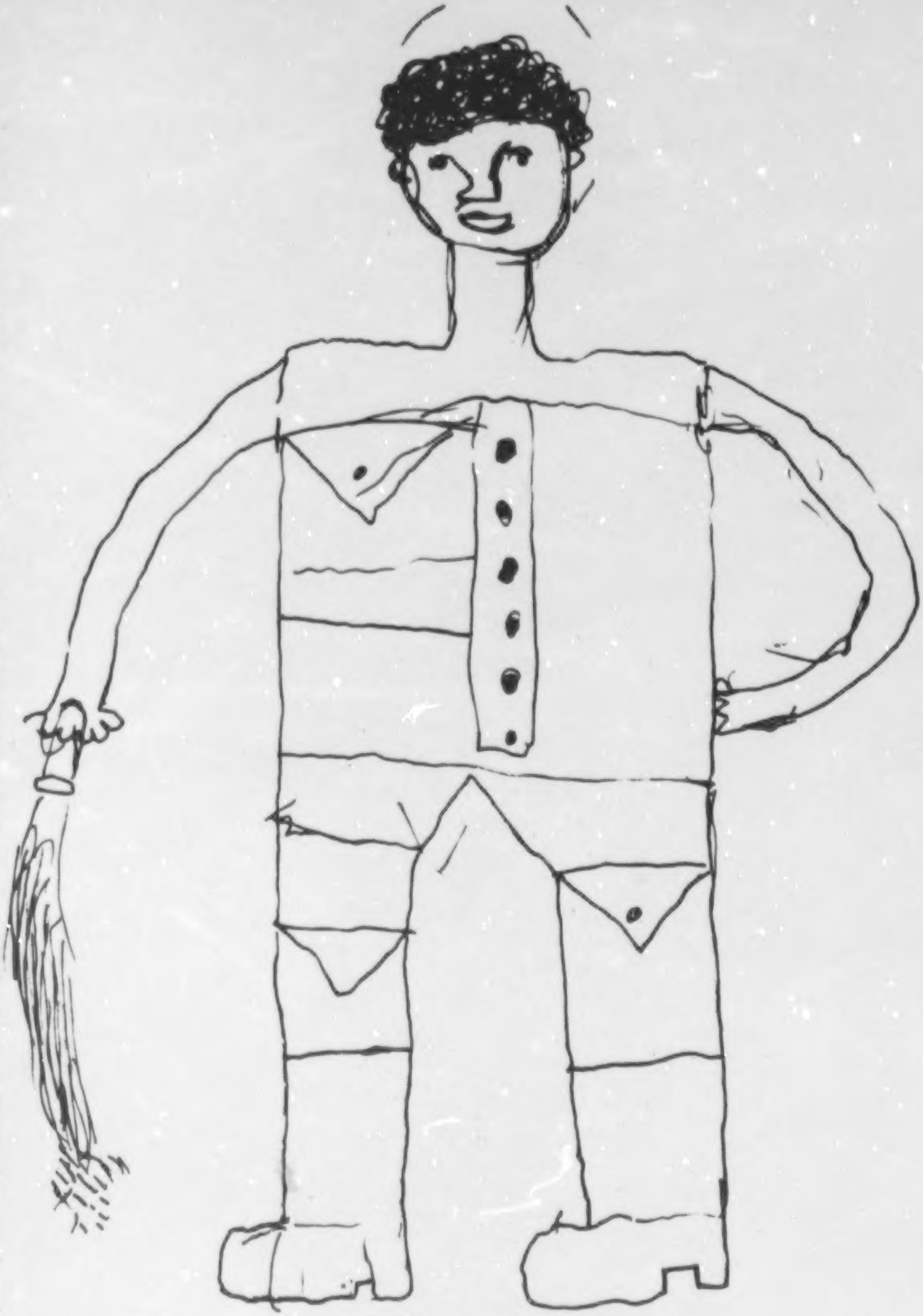


Figure 33: Male 10 Years

Note: Unusual size (aggression)
Unusual size of feet(aggression)
Squareness (rigidity)

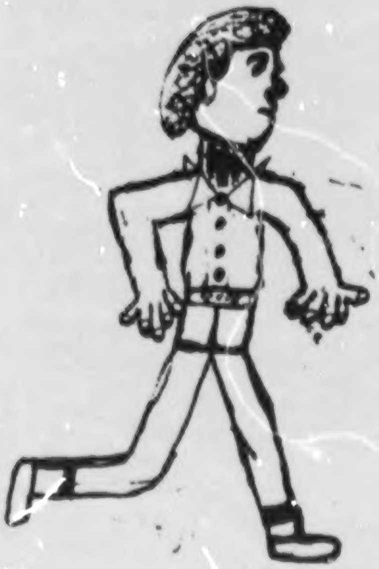


Figure 34: Male 10 Years

Note: Running (refusing responsibility)
Shaded neck (choked impulses)

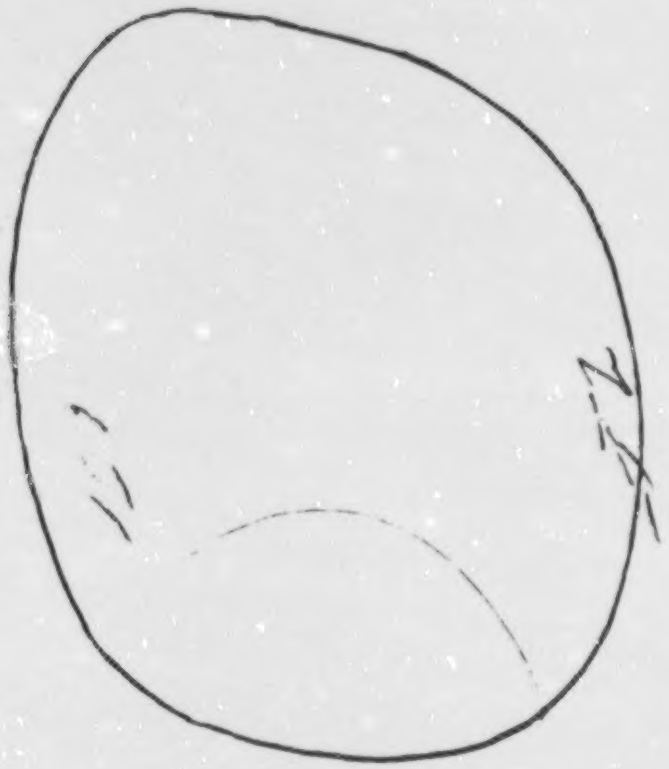


Figure 35 : Male Age 10 years (Deaf)

Note: No legs or body (handicapped, several leg operations - denial)
Angry face (angry at teacher at time of drawing)

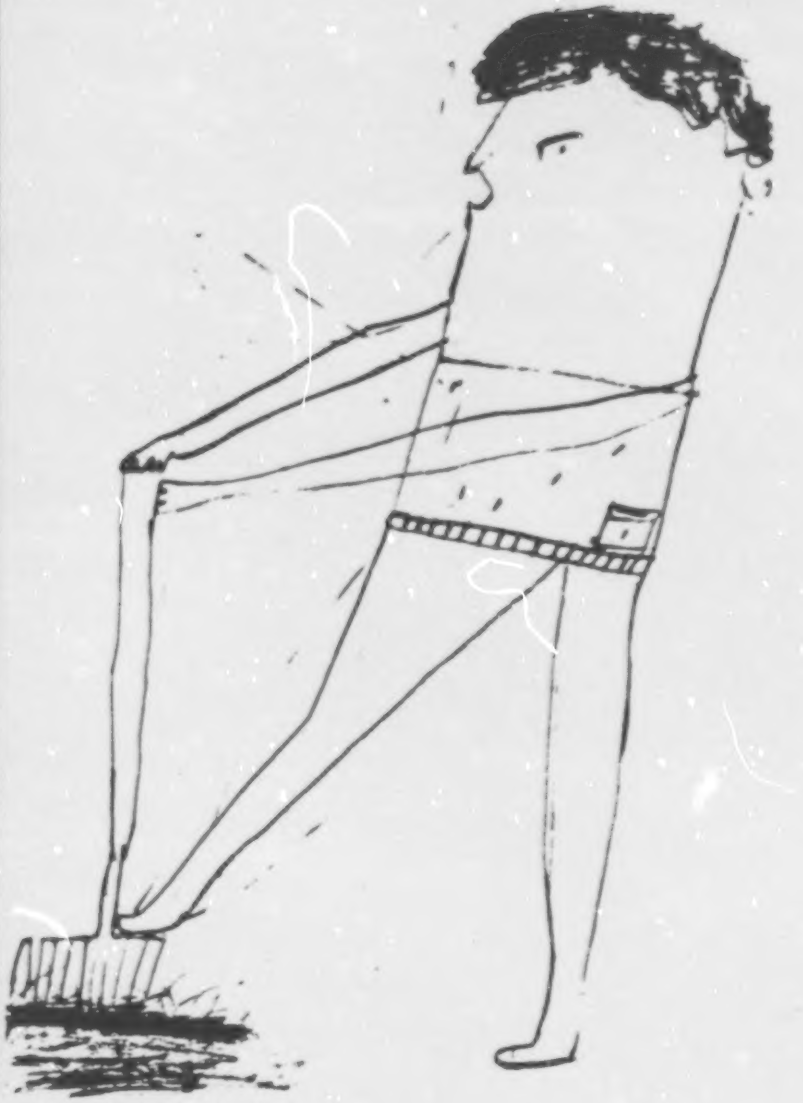


Figure 36:. Male 10 Years

Note: Lack of details (poor mental [illegible])
No neck (impusive)
Use of farm equipments (cultural influences)
Heavy erasing (obsessive-compulsive)

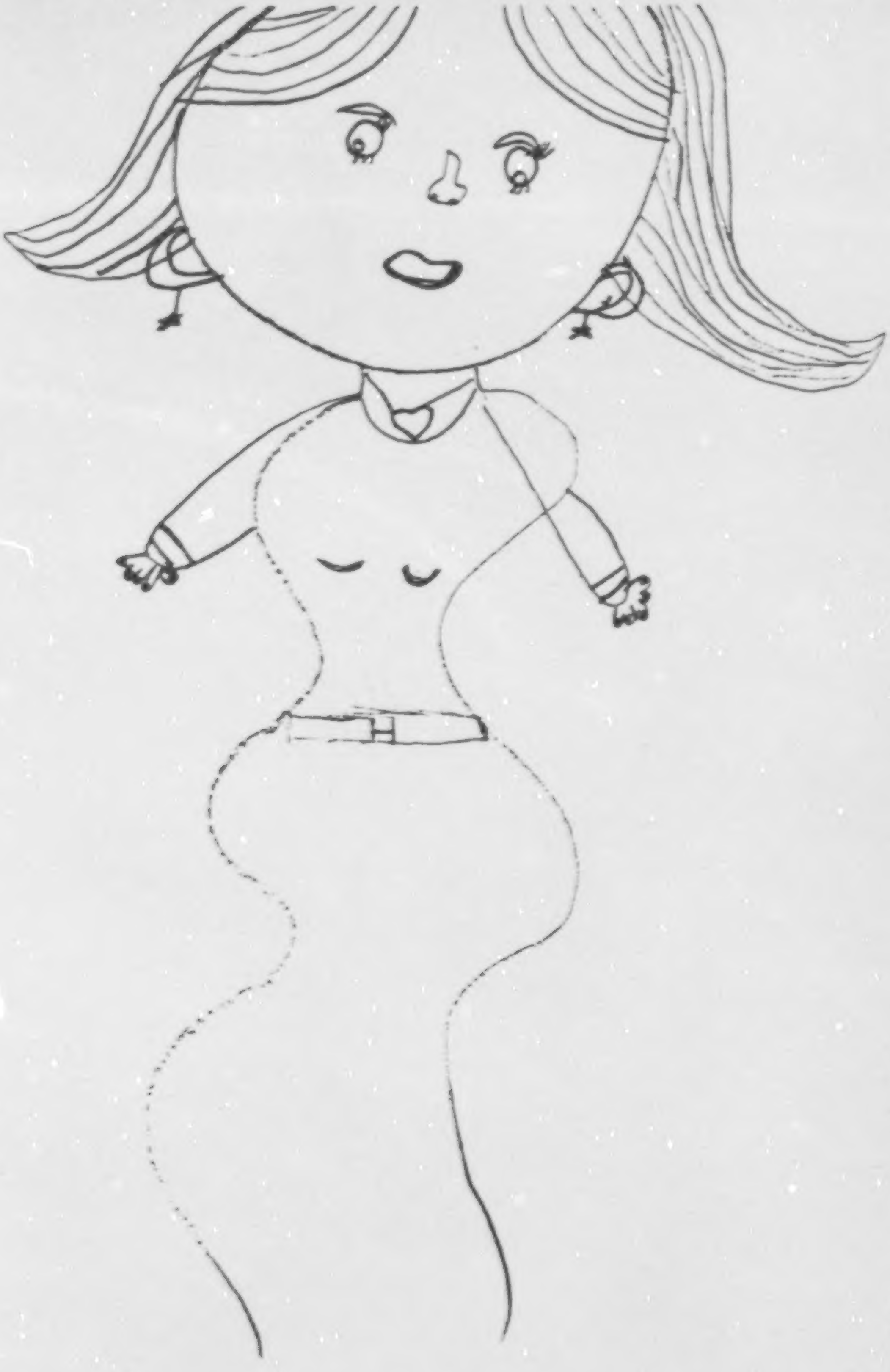


Fig 37: Female, 10 years
Note: Breasts (need for mothering-dependency)
No feet (insecurity)

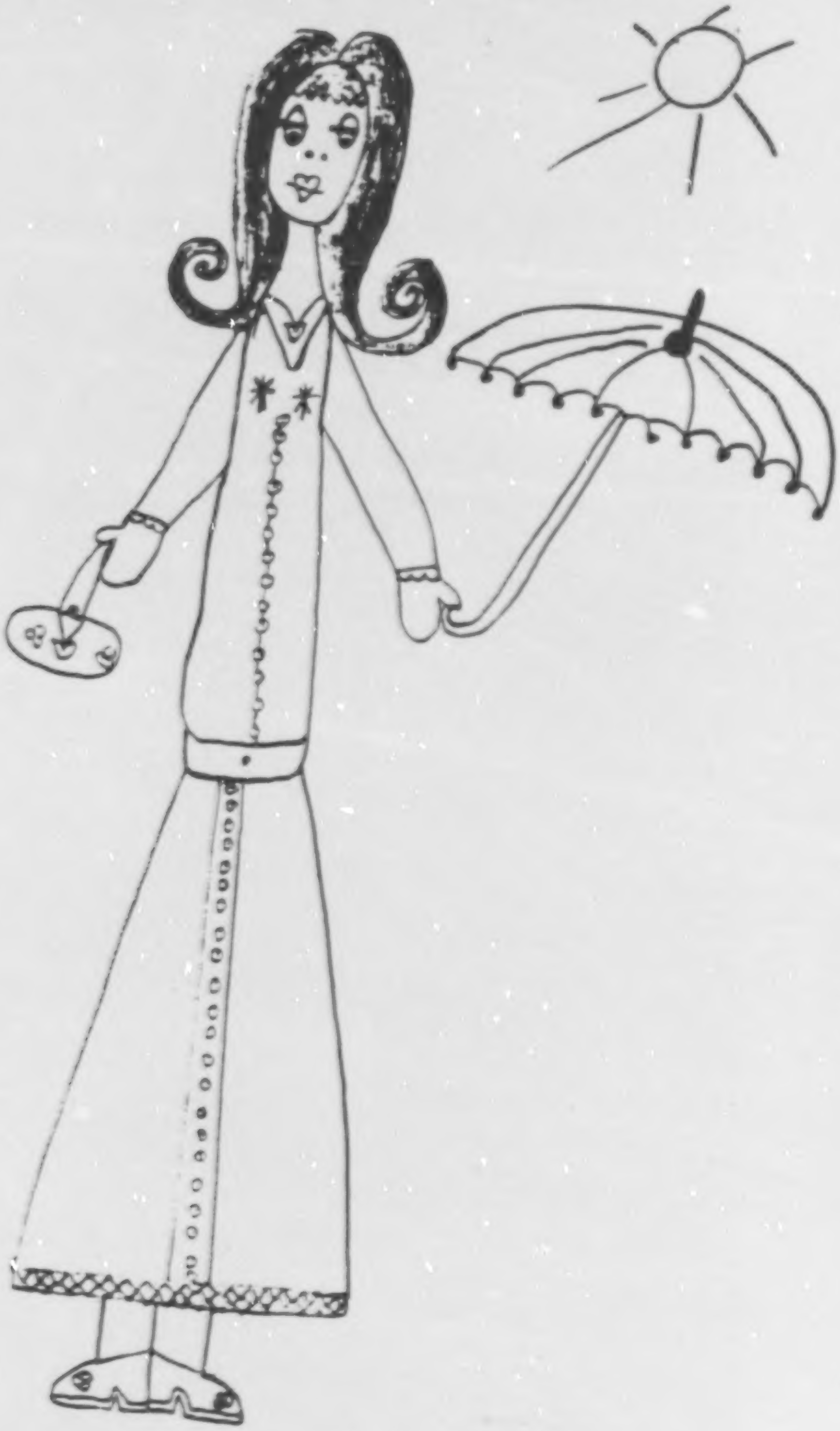


Figure 38: Female 10 Years

Note: Femaleness of drawing (femininity)
Shading of hair (over concern for hair-do)
Details (mental maturity)
Sun (Need for independence)

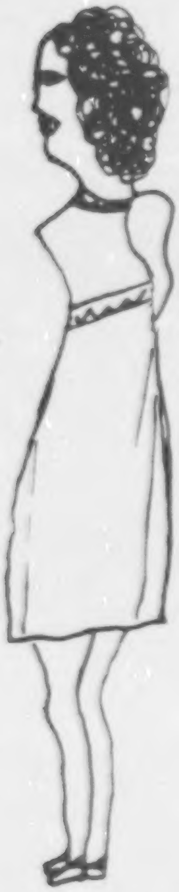


Figure 39: Female Age 10

Note: Profile (maturity)
Details of dress and hair (femininity)
No hands (shyness)

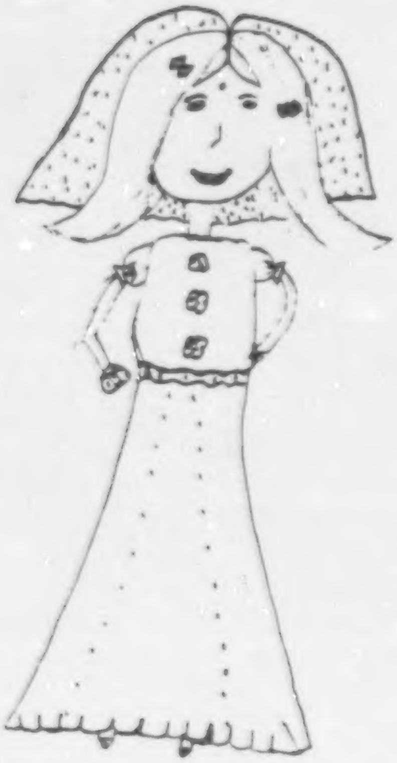


Figure 40: Female Age 10 Years

Note: Details (mental maturity)
Feminine features(sex awareness)
Smile (happy events)

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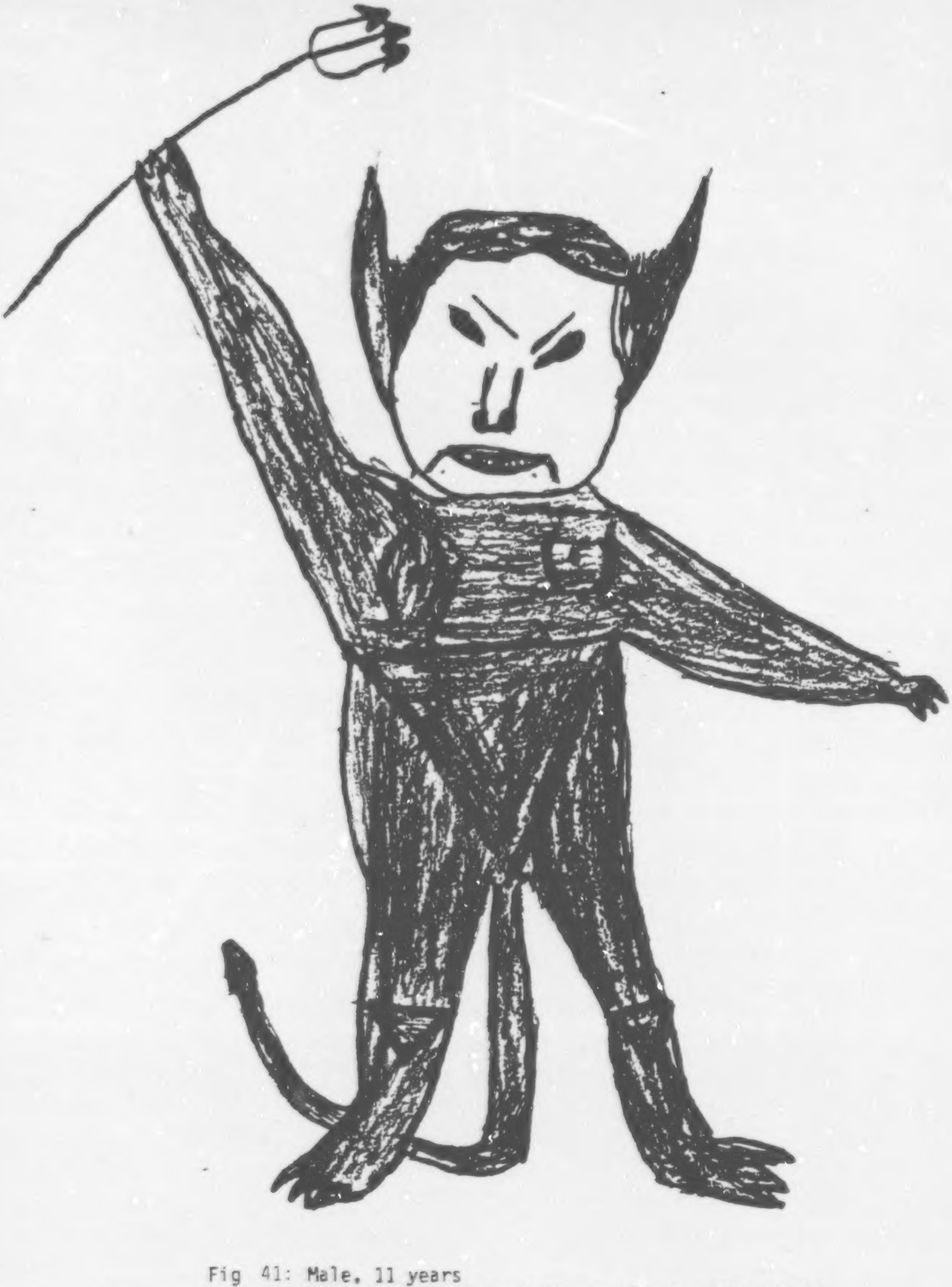


Fig 41: Male, 11 years
Note: Monster, dehumanized figures (lack of identity)
Teeth (anger)

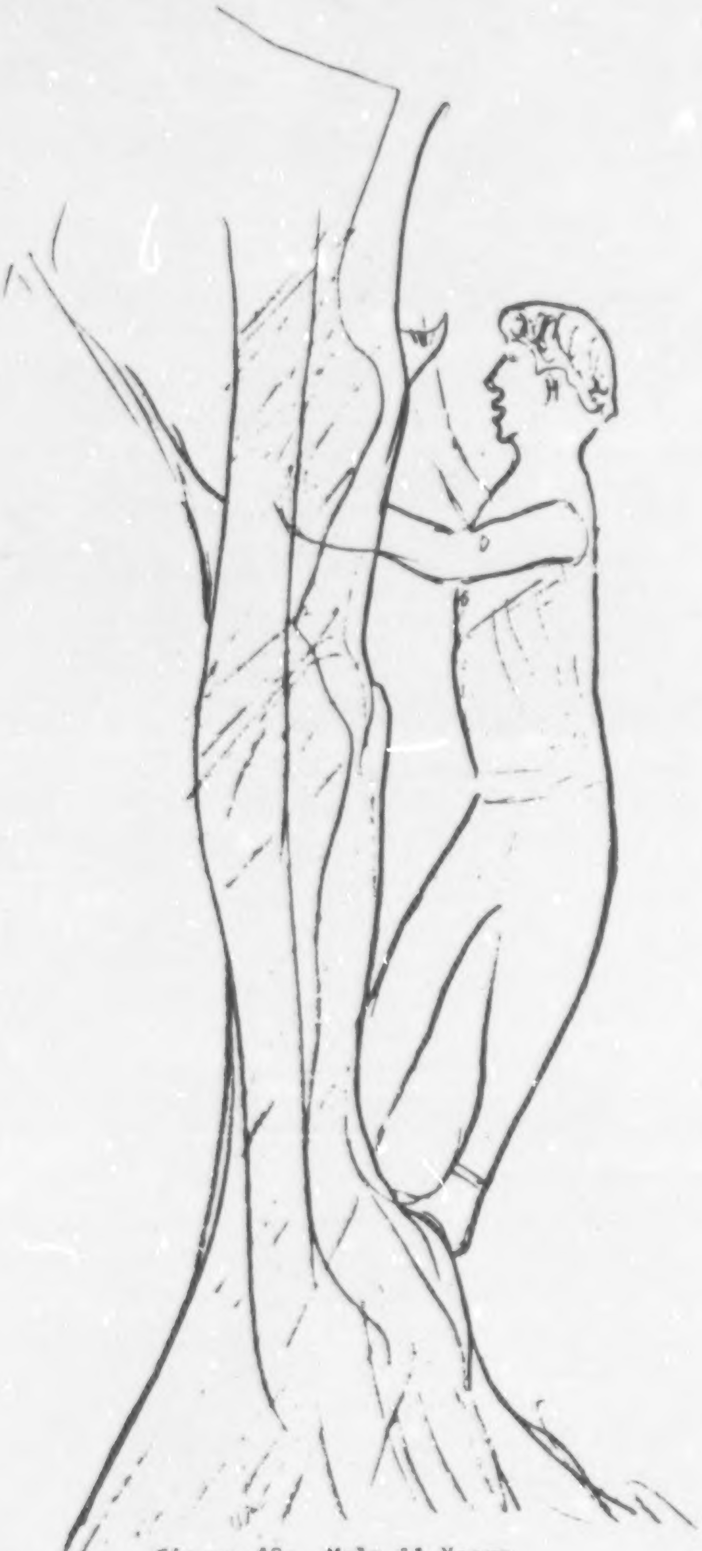


Figure 42: Male 11 Years

Note: Climbing (ambitious)
Firm footing (feeling secure)

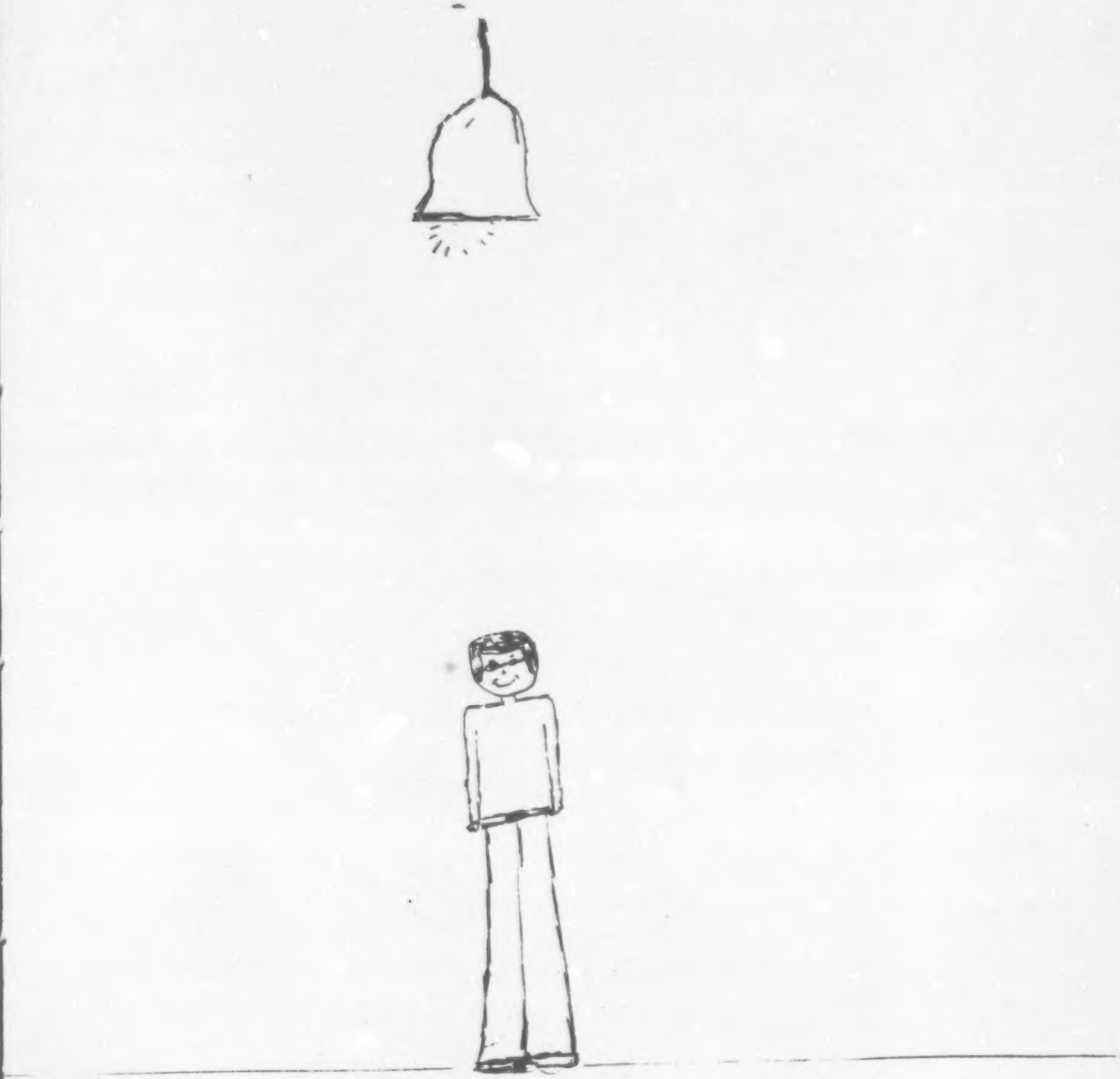


Figure 43: Male 11 Years

Note: Arms pressed together (rigid inner control)
Legs pressed together (controlled sexuality)
Ground present (insecurity)

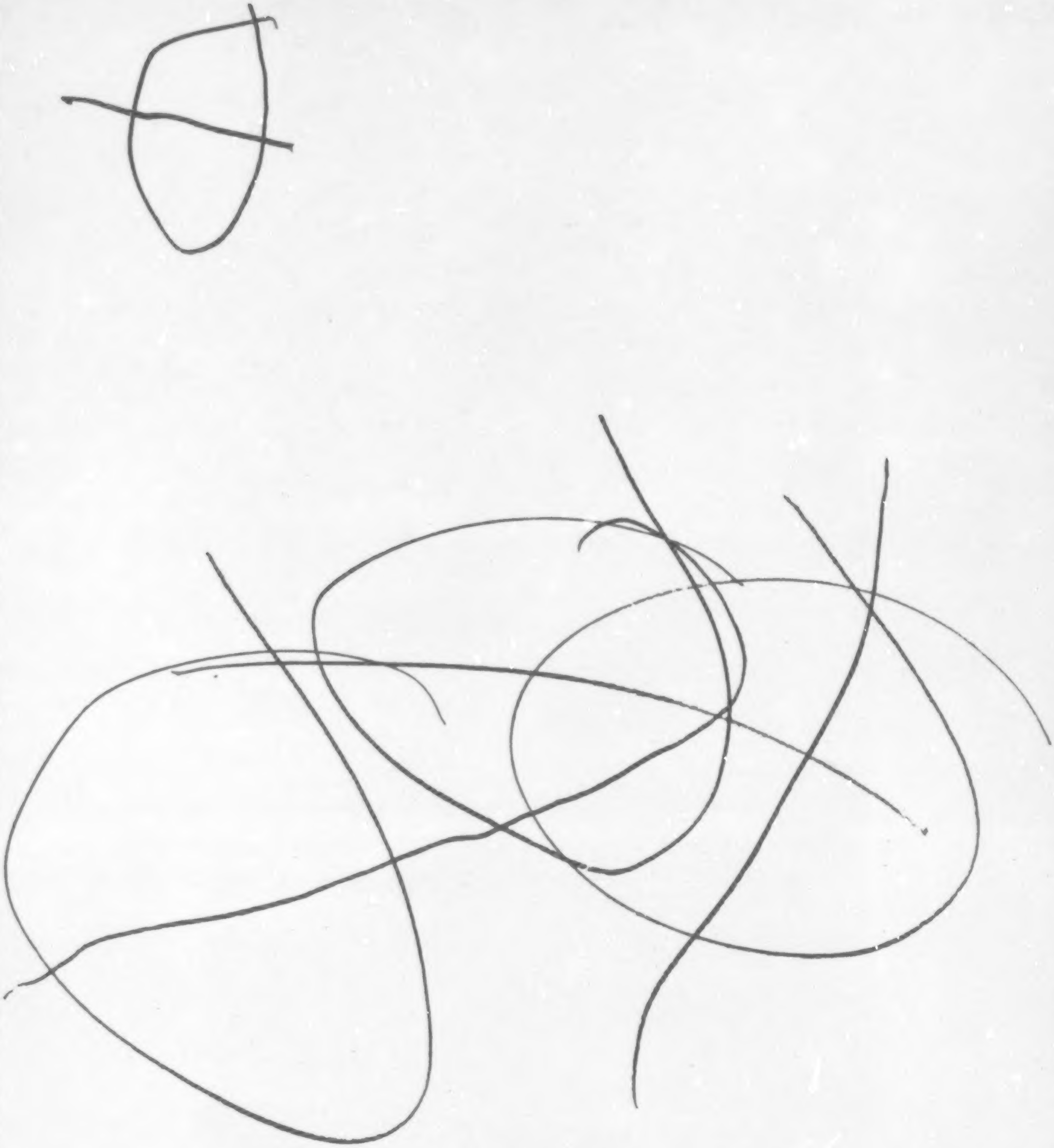


Figure 44: Female Age 11 years (Autistic)

Note: Several drawings
Line across each circle (self destructive, warding off others)

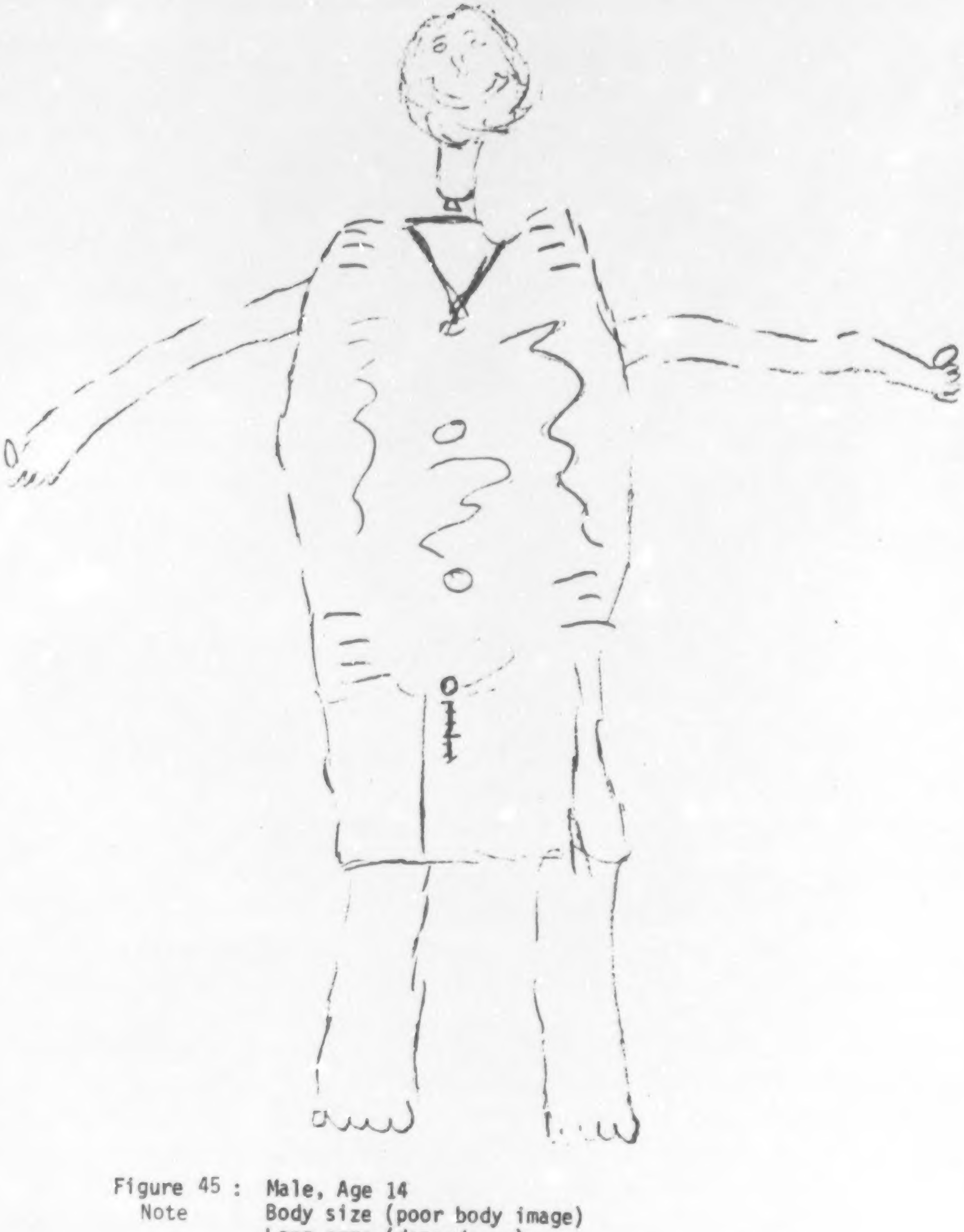


Figure 45 : Male, Age 14
Note Body size (poor body image)
Long arms (dependency)
No feet (dependency, constriction, insecurity)

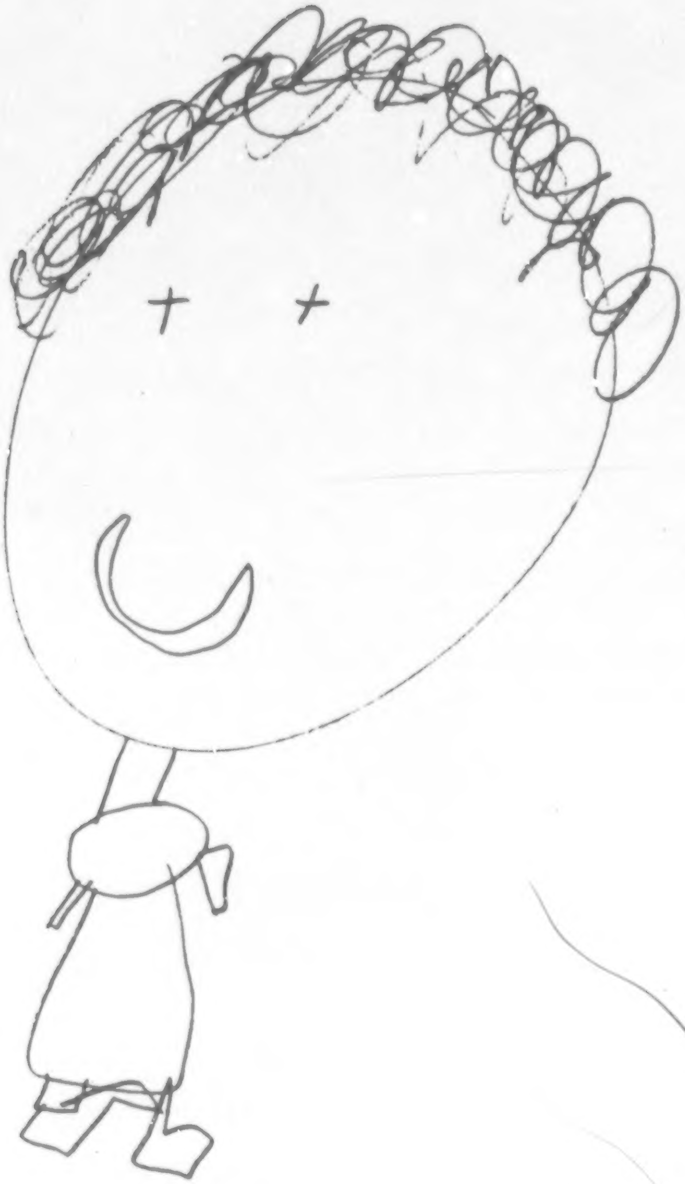


Figure 46 : Male, Age 14

Note
Lack of details (low mental maturity)
No nose (depressed, emotionally disturbed)
Small body (denial of drives)
Tiny hands, no arms (guilt; pyromania)

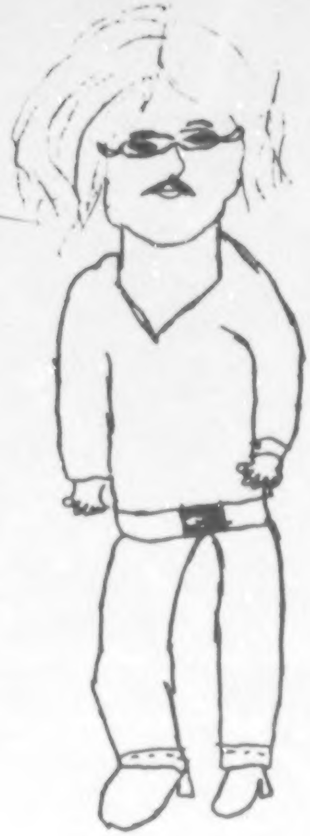


Figure 47 : Male, Age 15
Note : Prominent neck (Aggressive, but feels need to control impulses)
Small hands, buckle head (feelings of insecurity, dependcy needs)
Wide stance (defiant of authority)
Pointed shoes (agression)

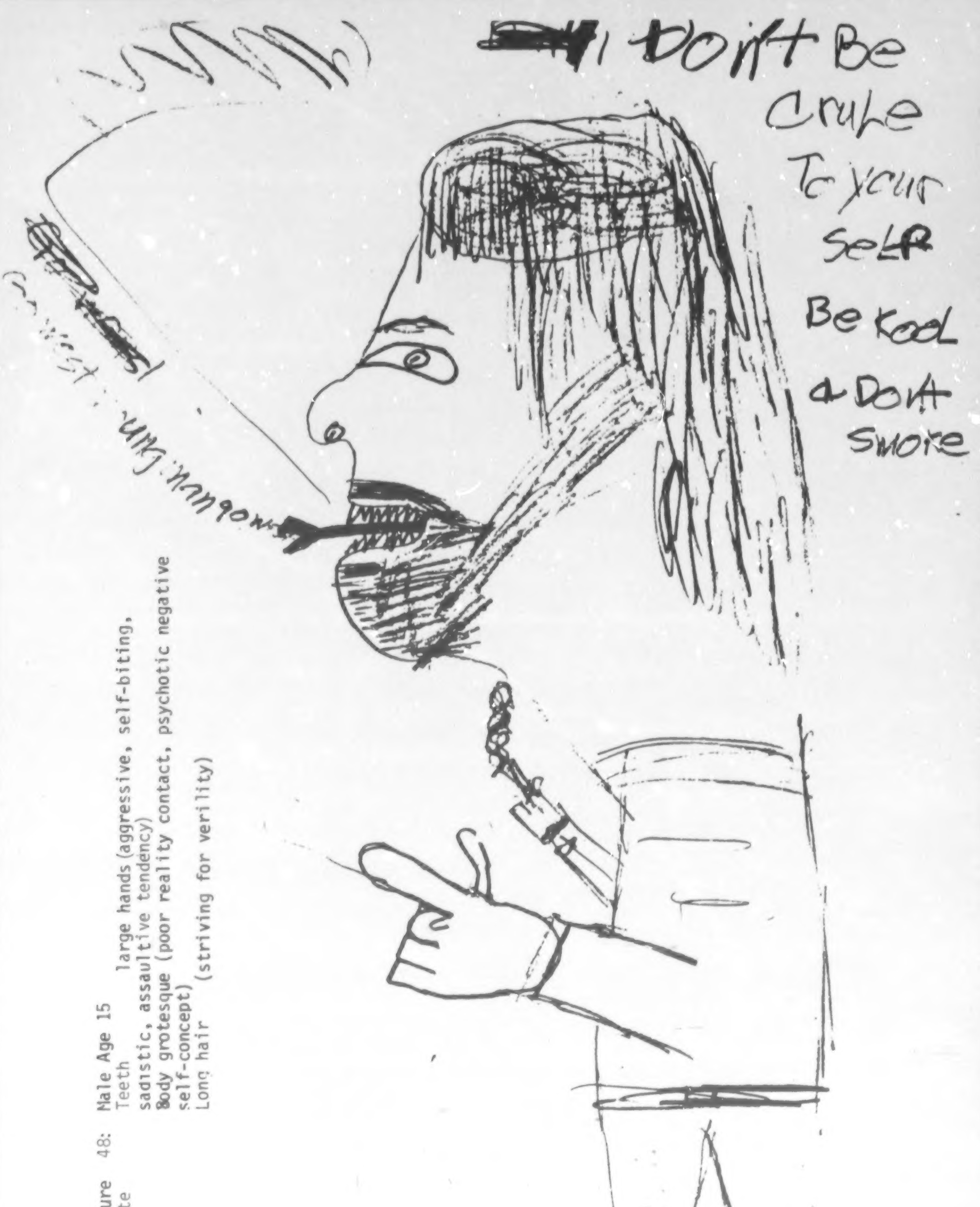

~~[illegible]~~ Don't Be
Crule
To your
SeLf
Be kooL
& Don't
Smore

Figure 48: Male Age 15
Note Teeth large hands (aggressive, self-biting, sadistic, assaultive tendency)
Body grotesque (poor reality contact, psychotic negative self-concept)
Long hair (striving for verility)

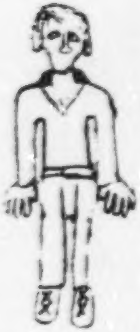


Figure 49: Female, Age 16
Note: Anorexia Nervosa
Pressed legs (rigid controls)
Small drawing (poor self-concept)
No mouth (oral regression, rejection or need for affection, depression)

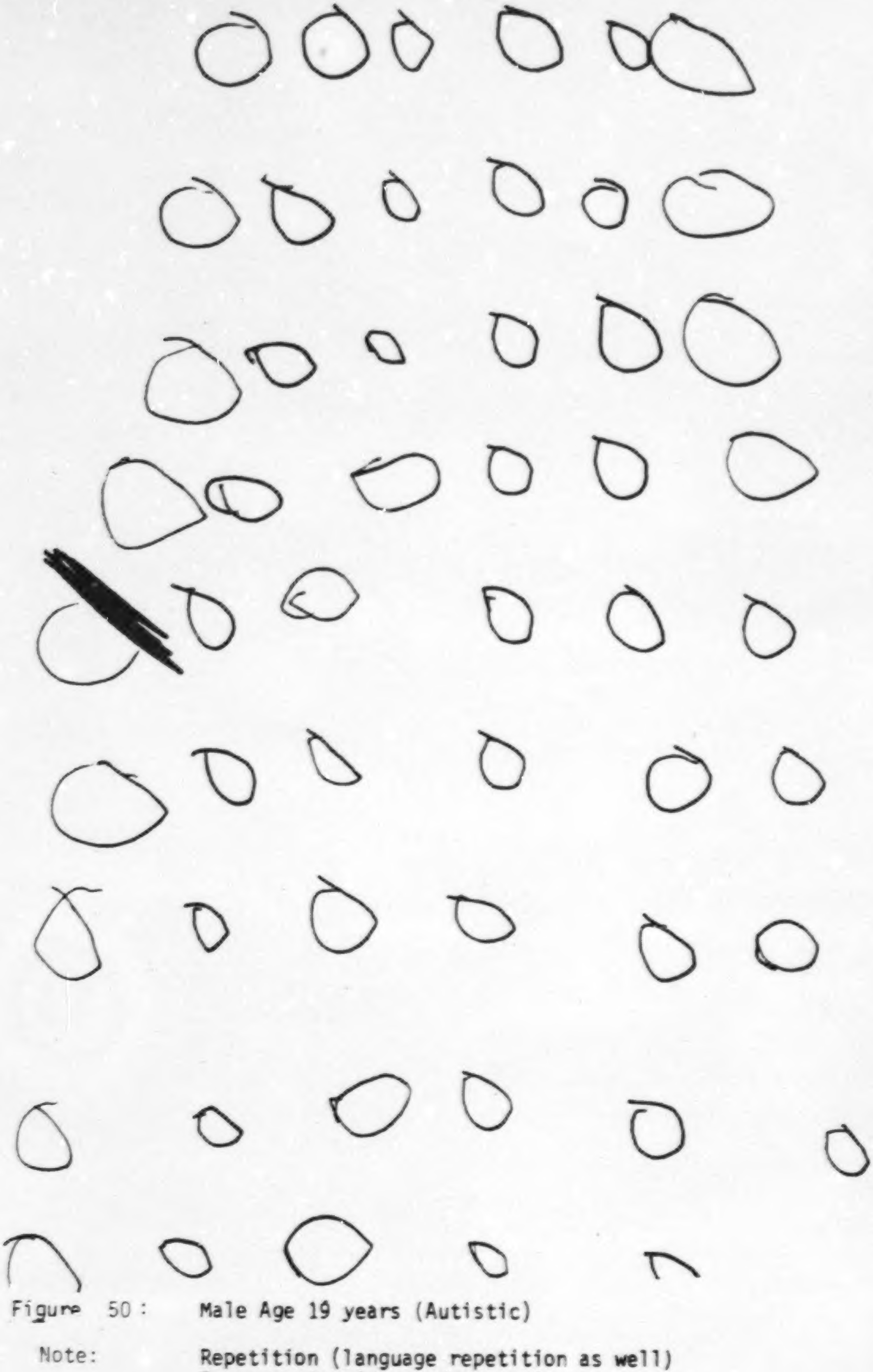


Figure 50 : Male Age 19 years (Autistic)

Note: Repetition (language repetition as well)
Pressure (anxiety - destructive)

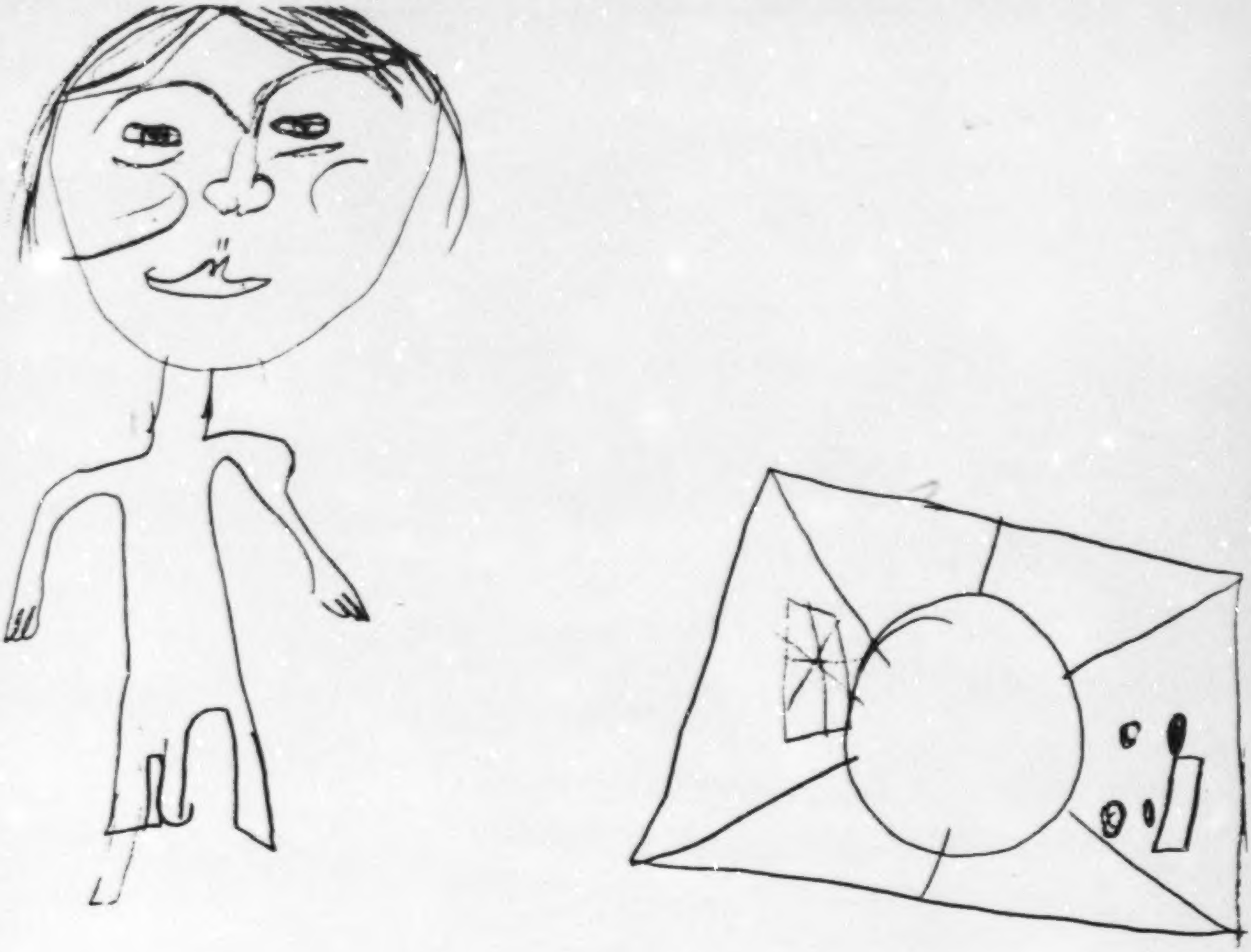


Figure 51: Female Age 20 years

Note: Extreme top left drawing (immaturity, Psychosis, delinquency, insecure)
Unusually large head (organic - right hemisphere)

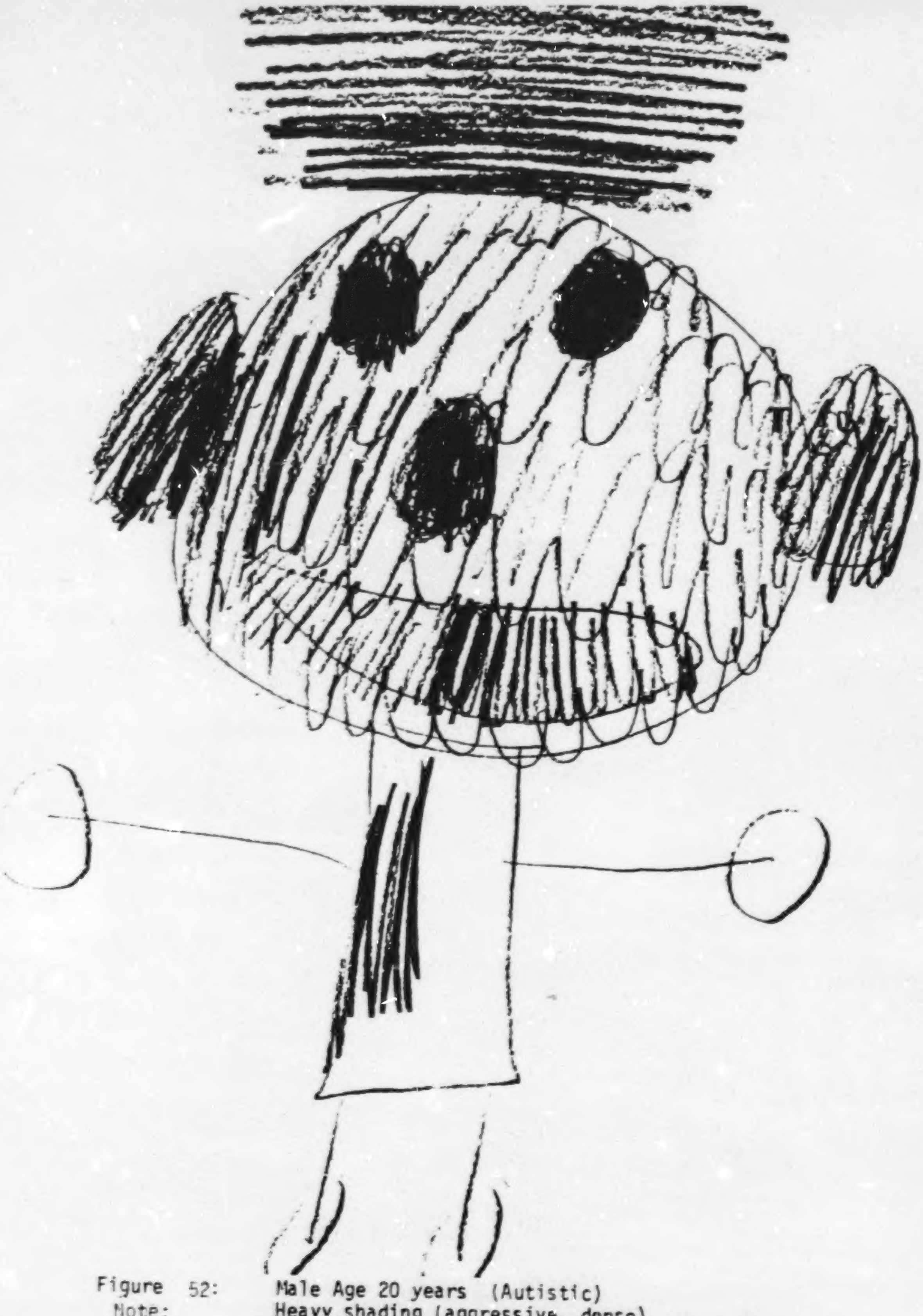


Figure 52: Male Age 20 years (Autistic)
Note: Heavy shading (aggressive, dense)
Large prominent eyes and nose (suspicious/paranoia)
Large ears (auditory hallucinations)

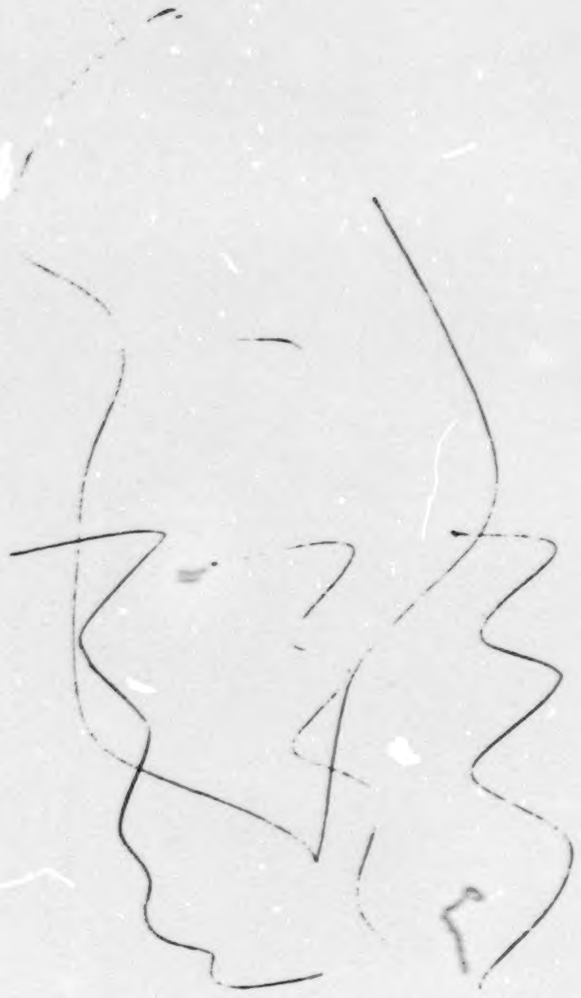


Figure 53 Male Age 21 years

Note : Severe mental retardation
Non-verbal, deaf

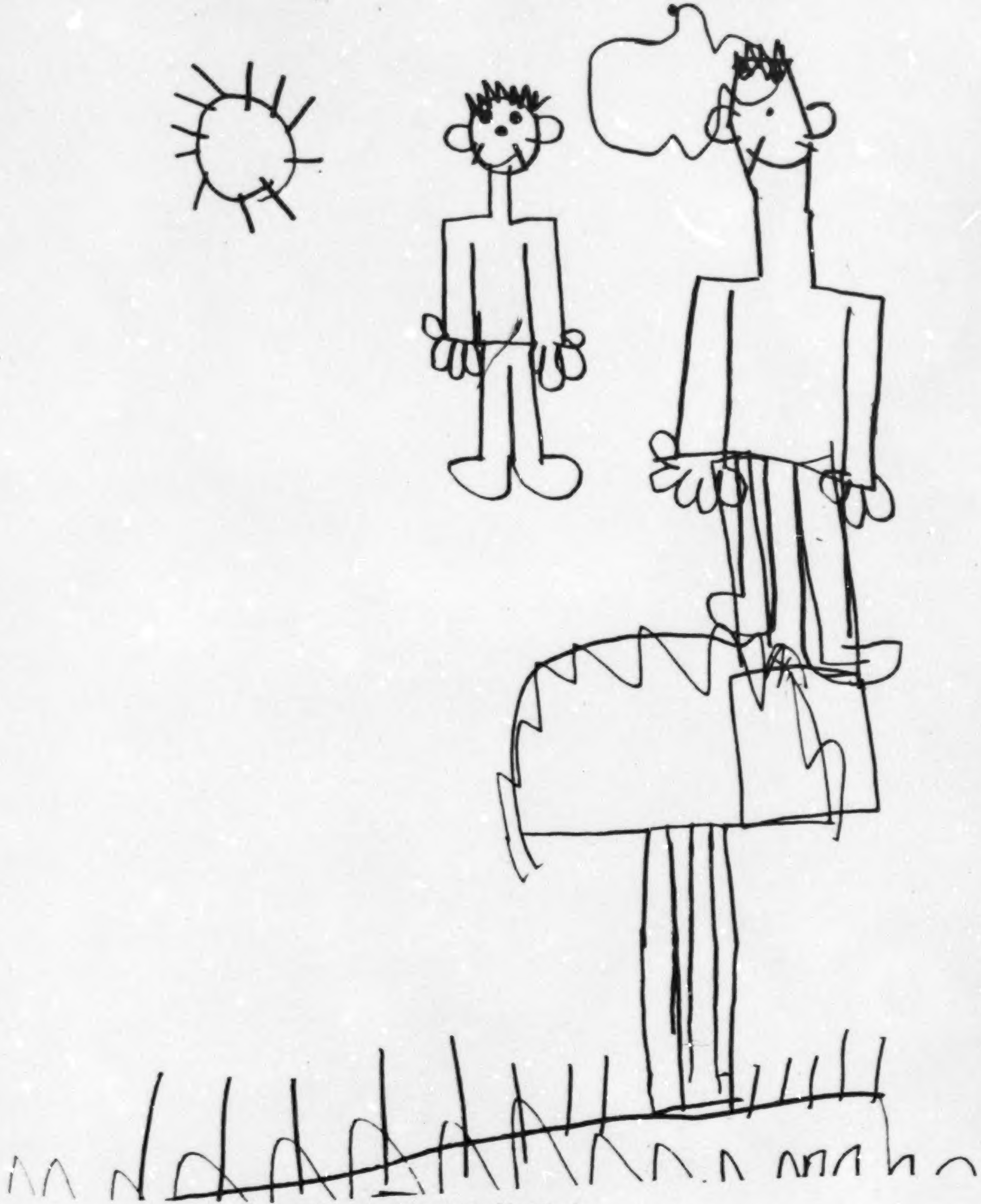


Figure 54: Male Age 20 years (Autism)

Note: Ground (insecurity)
Square bodies and shoulder
Legs pressed together (rigidity)

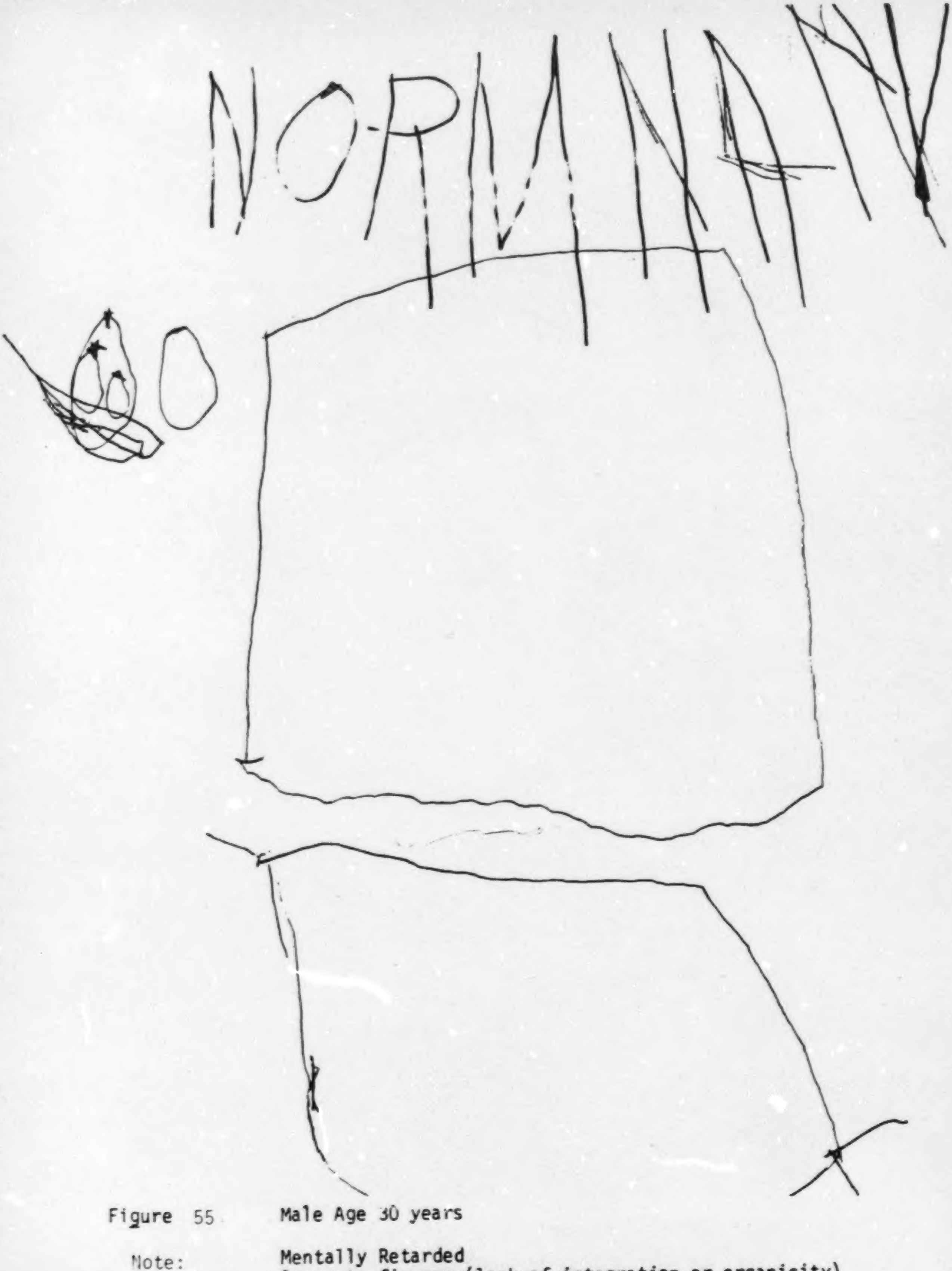


Figure 55 Male Age 30 years

Note: Mentally Retarded
Separate figures (lack of integration or organicity)
Large square figures - possible head and body
(dissatisfied self, psychosis, acting out tendencies)

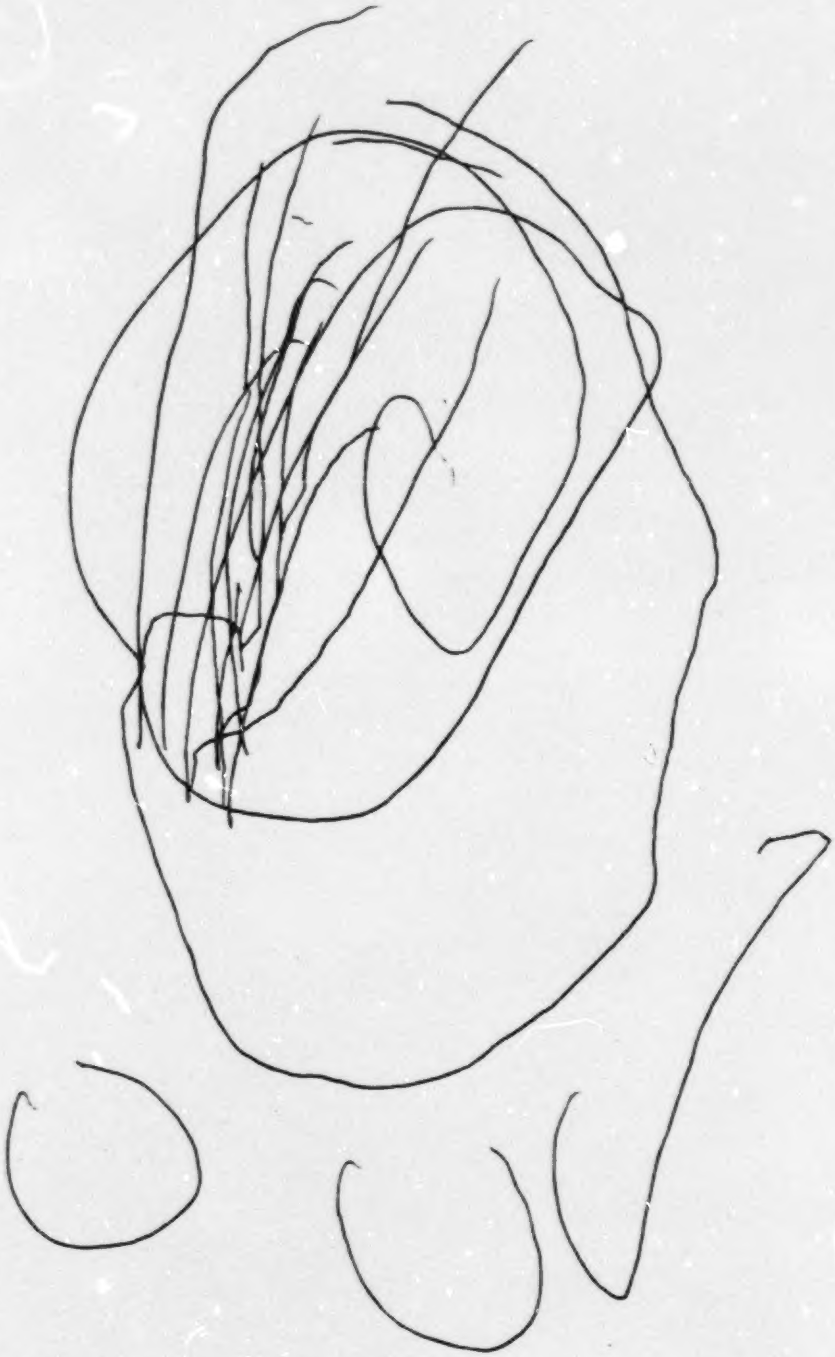


Figure 56· Male Age 31 years

Note: Mental age 4.5 years
Schzophrenia - undifferentiated

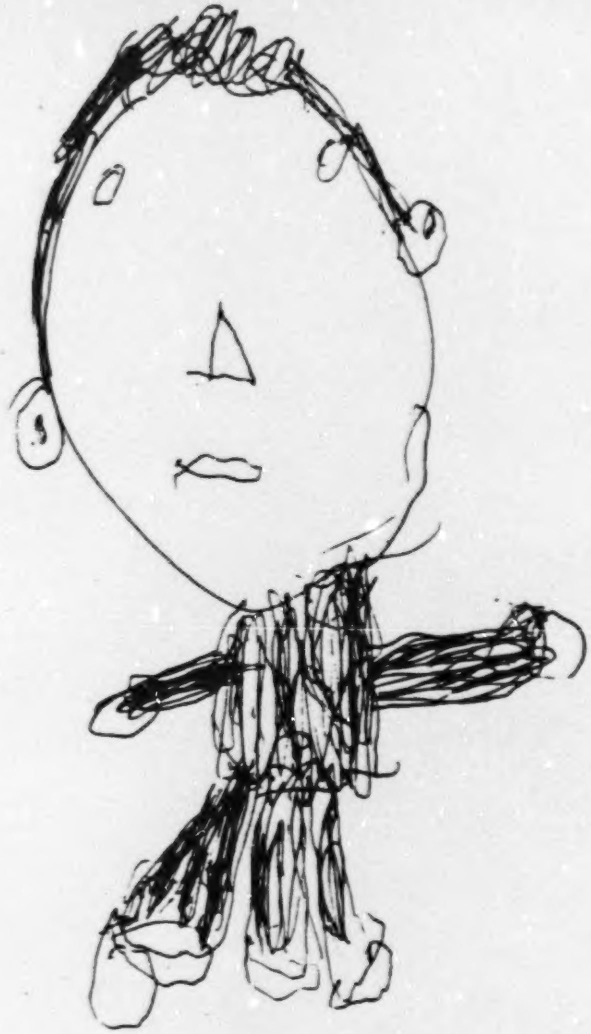


Figure 57: Female Age 31 years

Note: Mentally retarded
Shaded body (obsession)

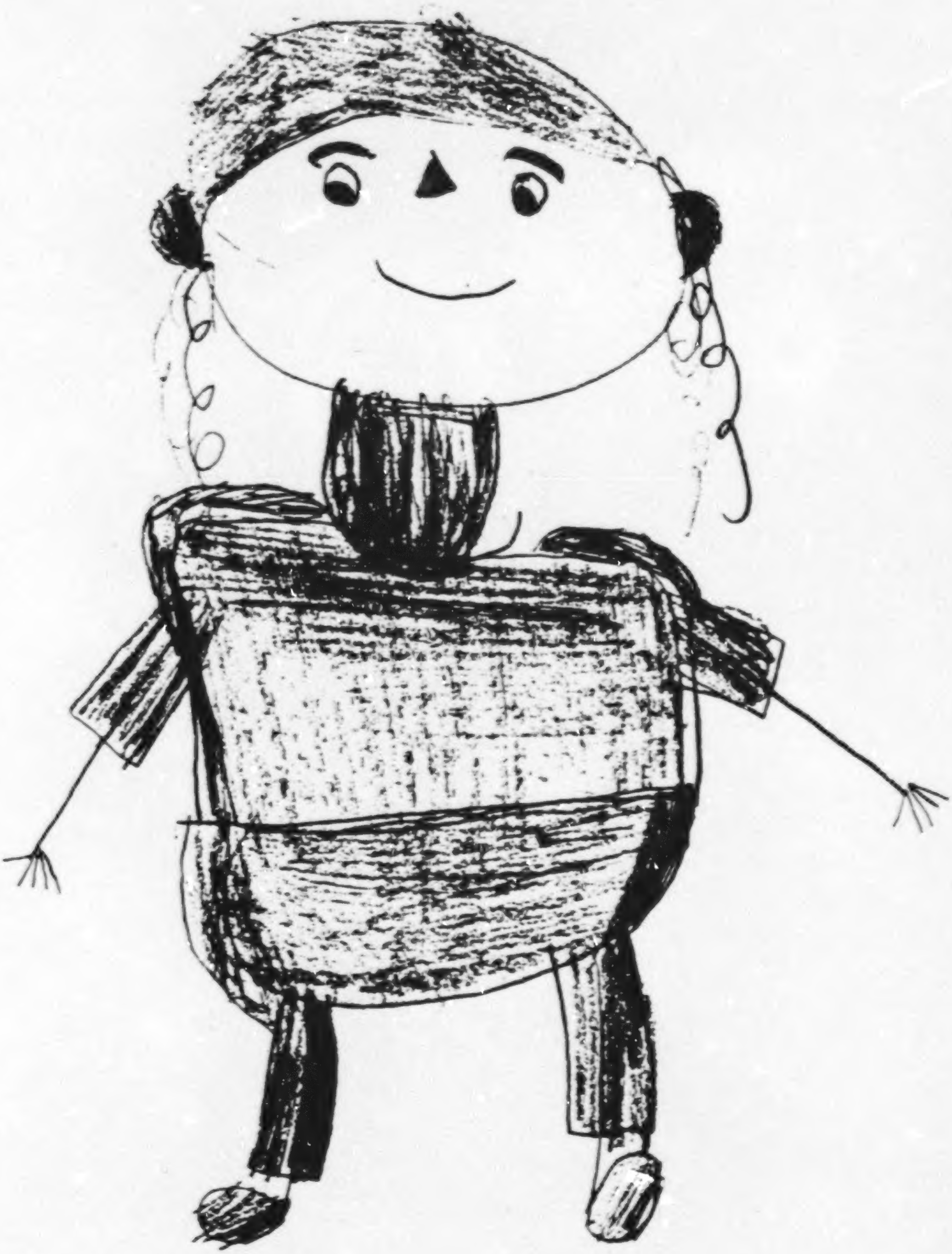


Figure 58: Female Age 34 years

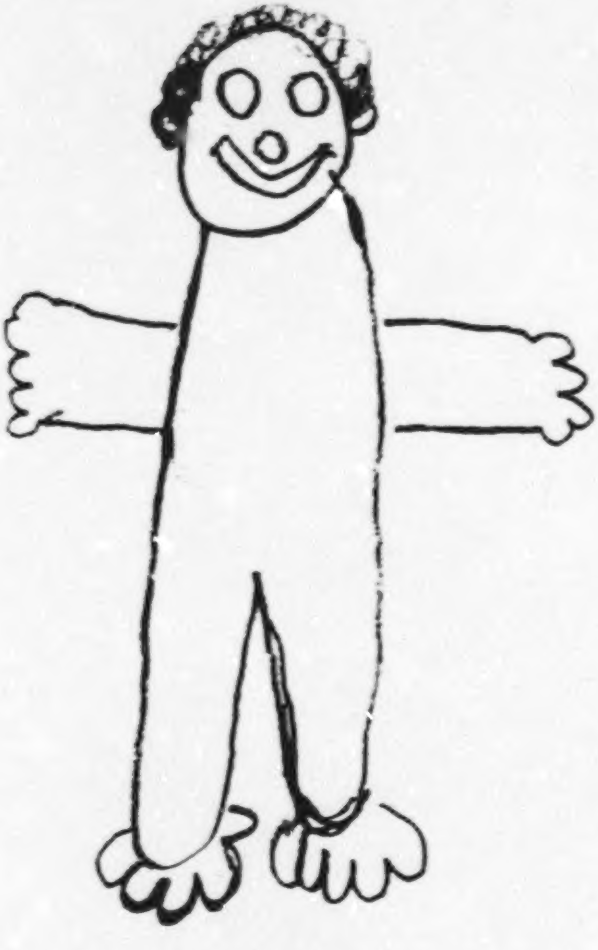
Note:

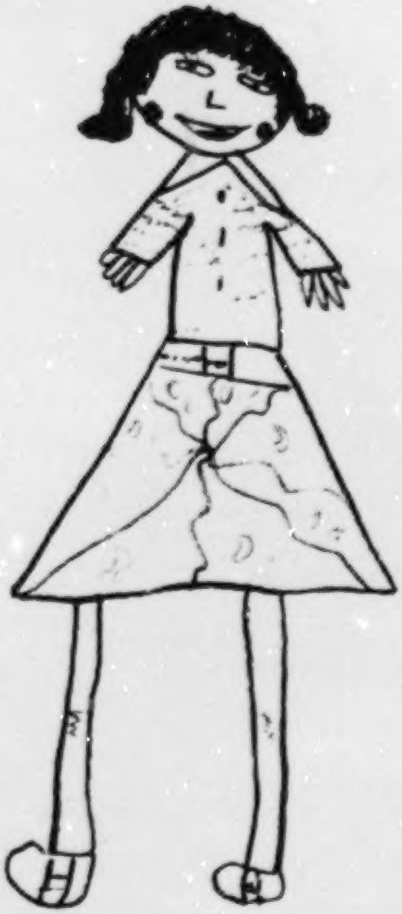
Shaded neck (Choked impulses)
Shaded body (intense body anxiety)
Lack of proportion (mental retardation)
Social age 7.0 Calculate mental age

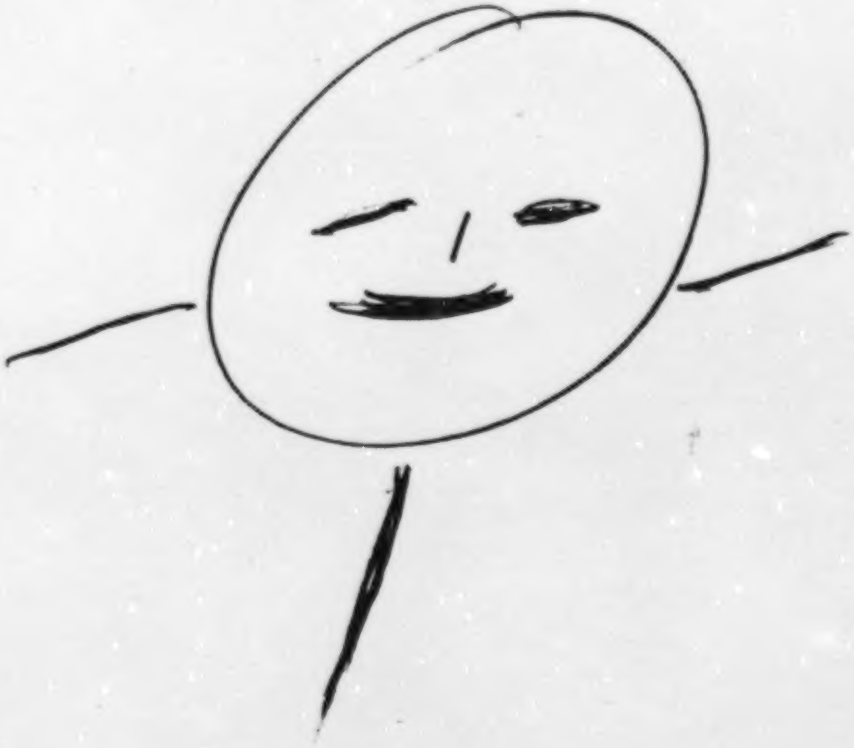
APPENDIX B

SAMPLE FOR EXERCISES

Interpretation of drawings must combine several items and wherever and whenever possible make use of age, sex, cultural and familial background.







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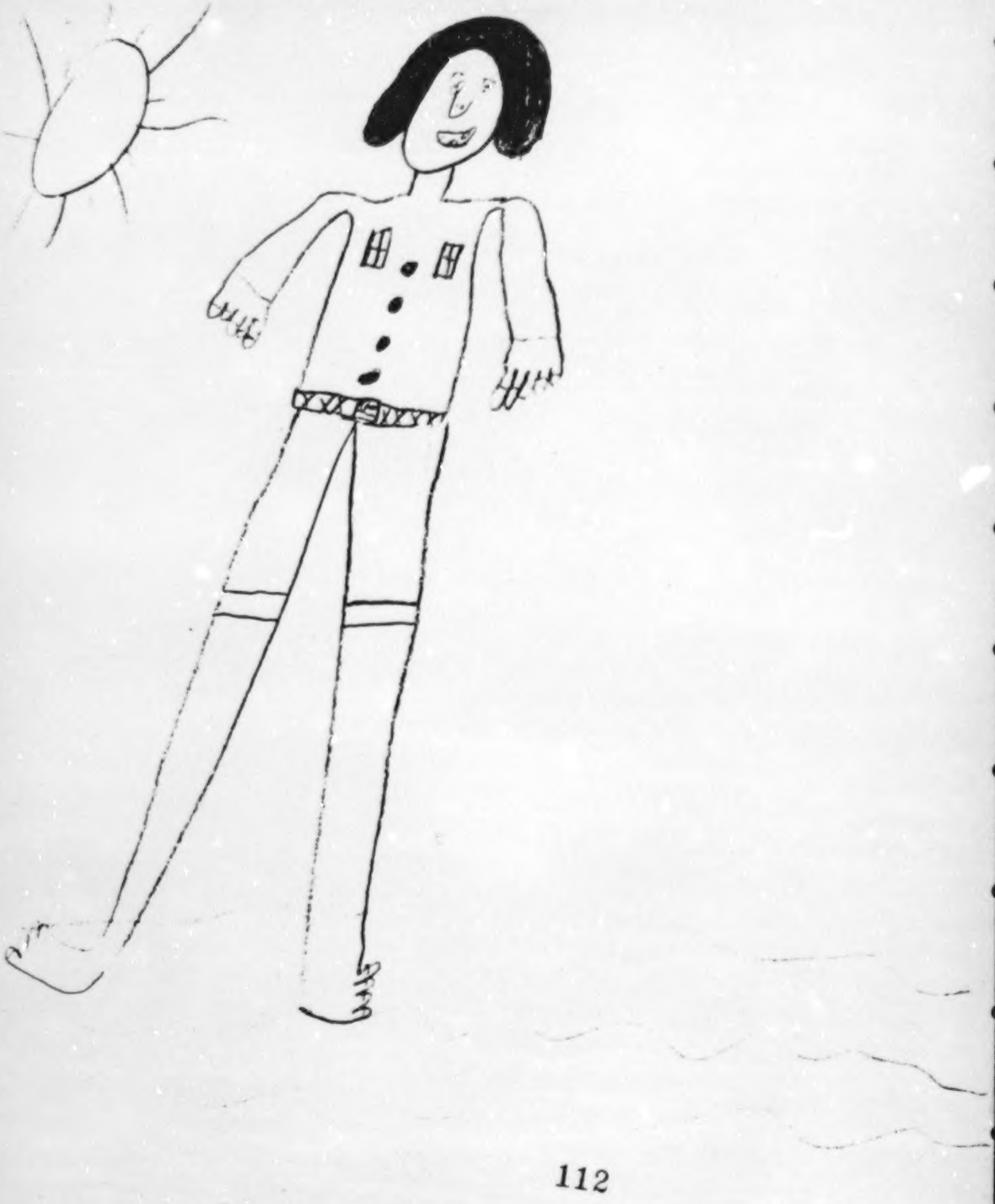
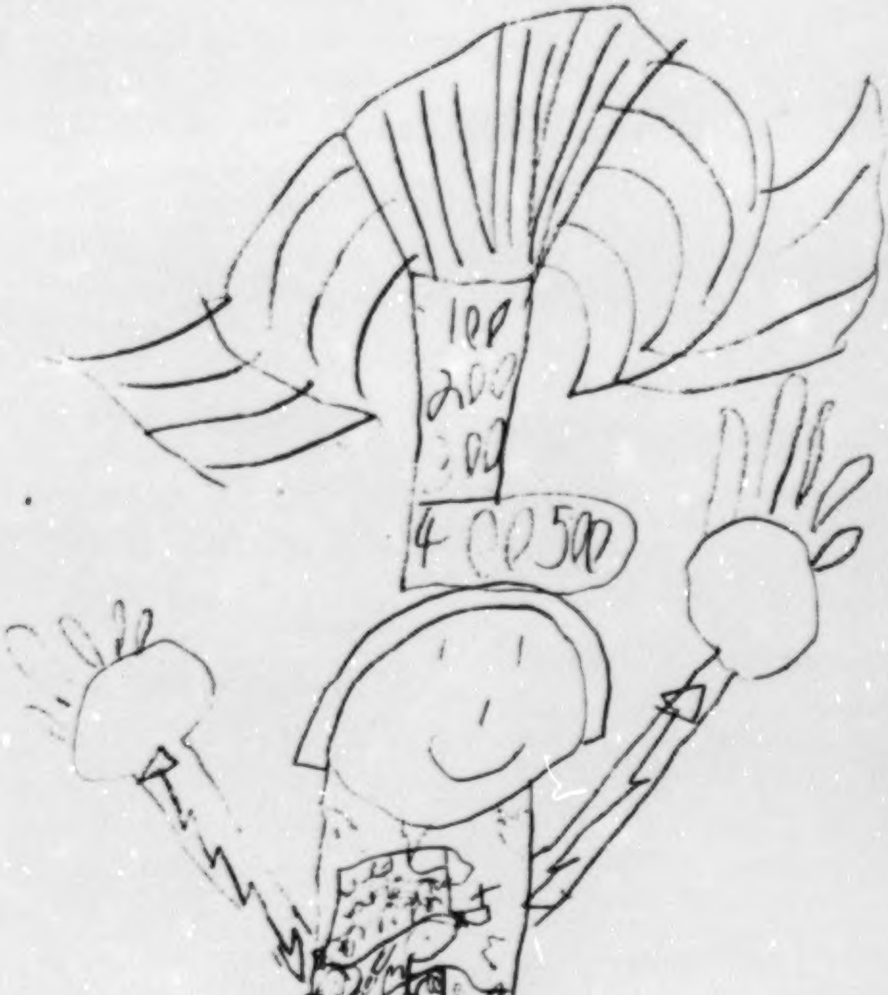
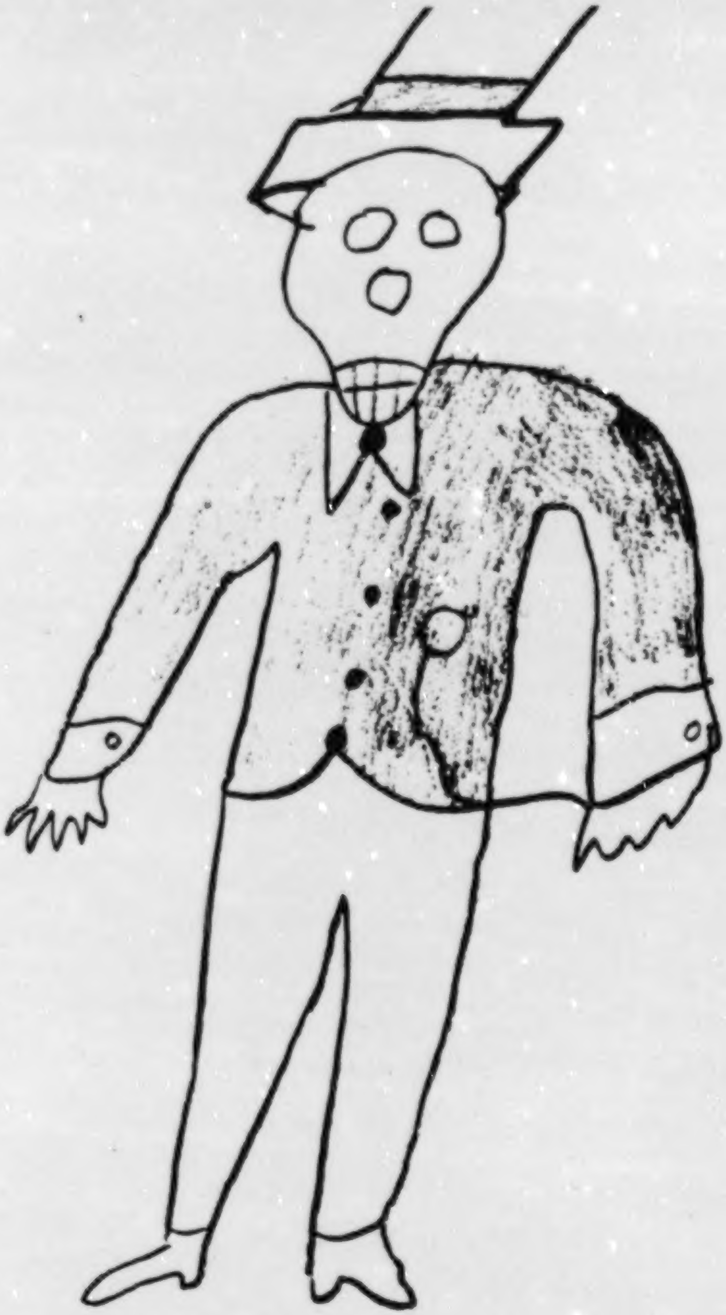
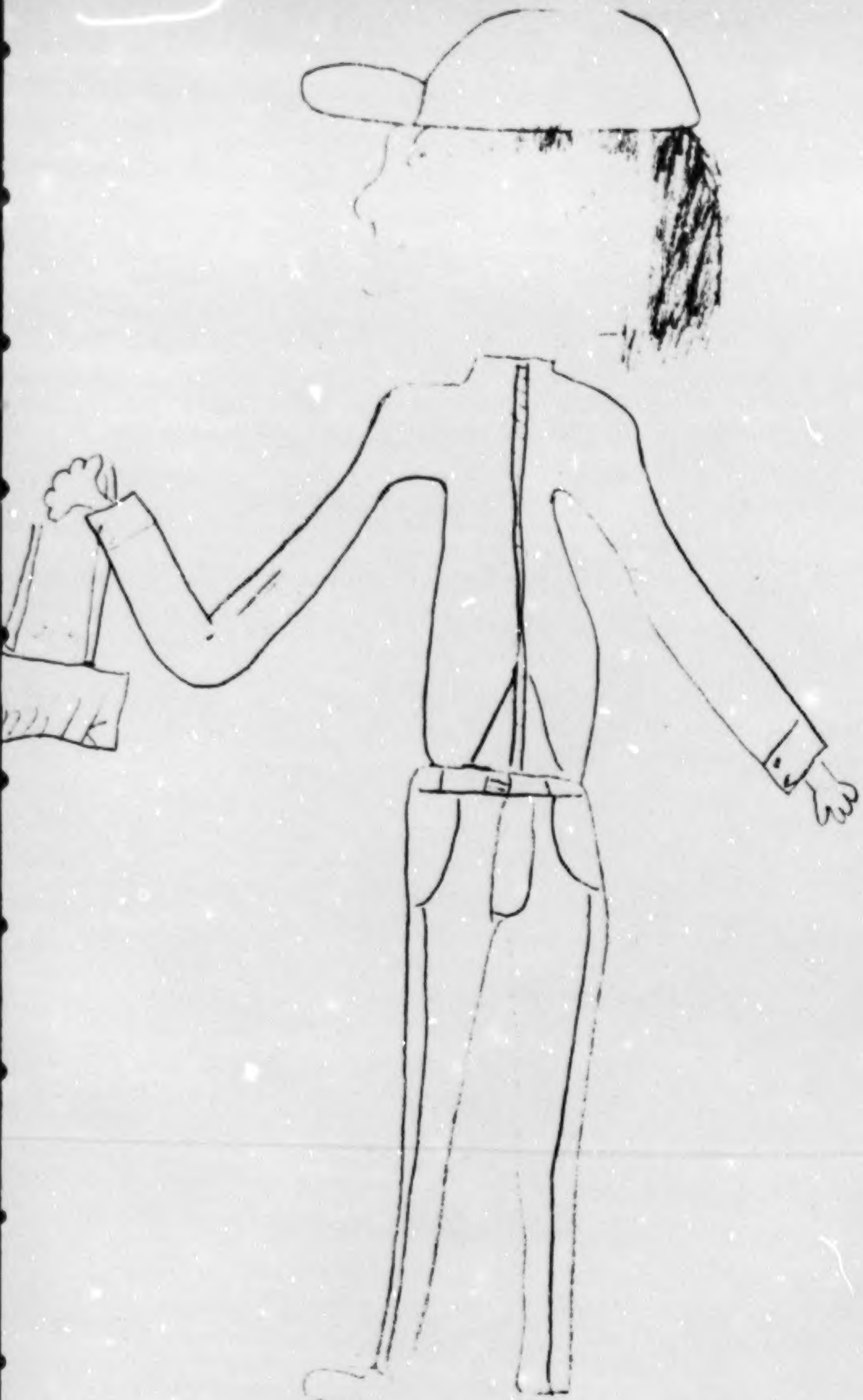
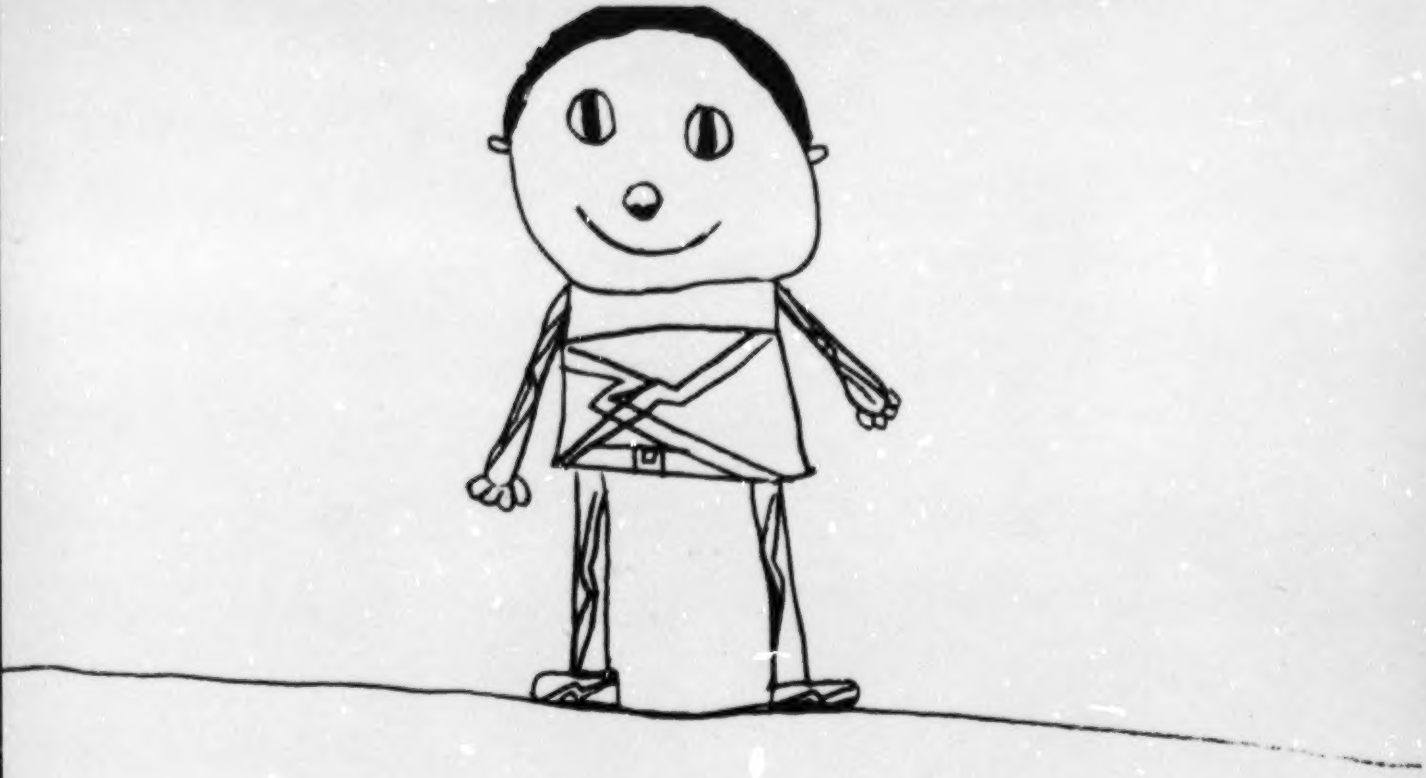
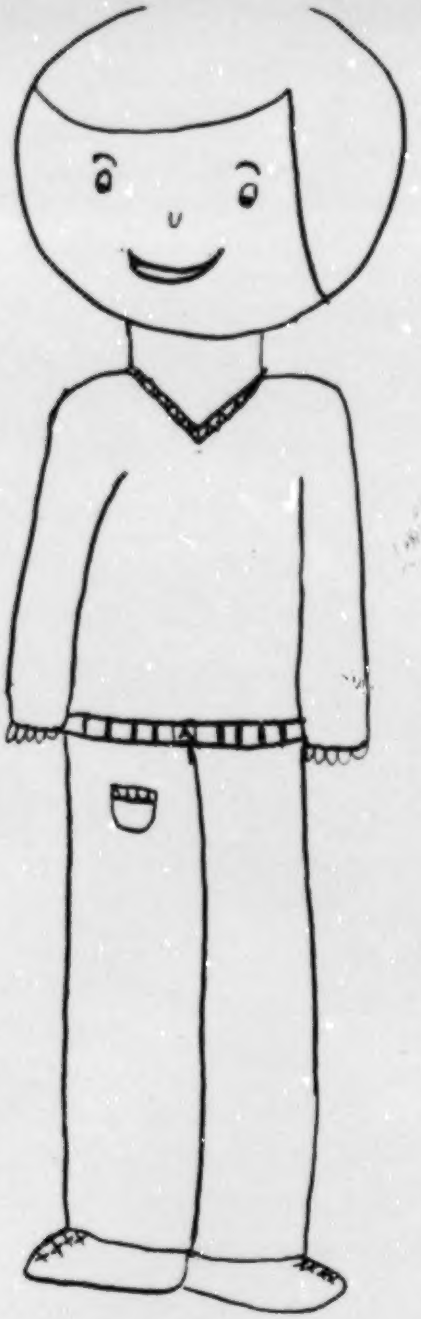


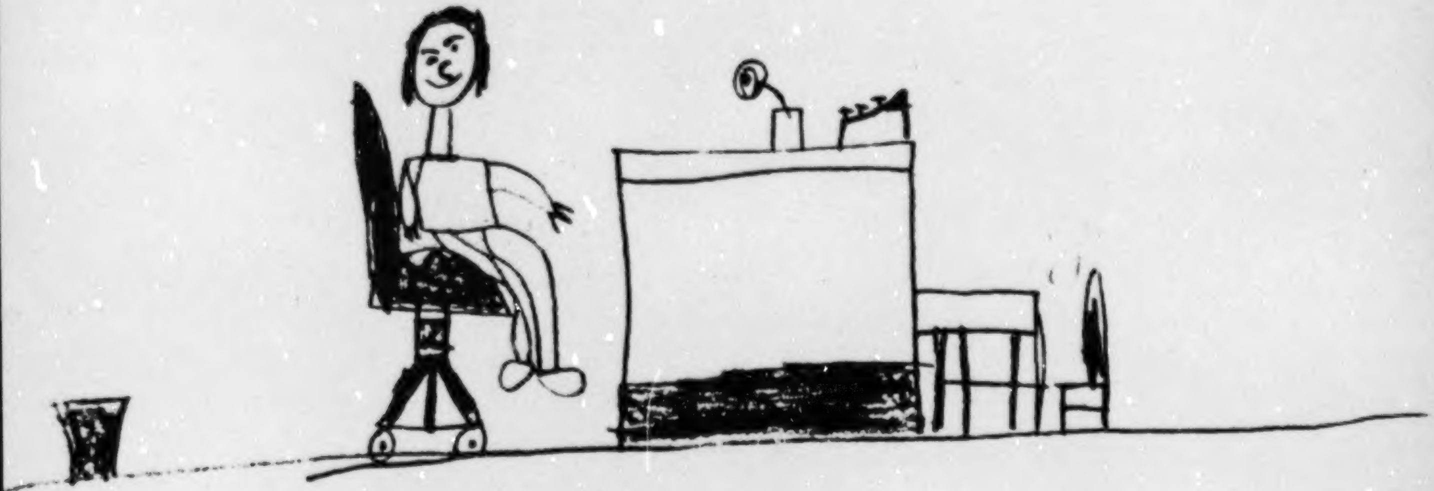

100
200
300
400
500

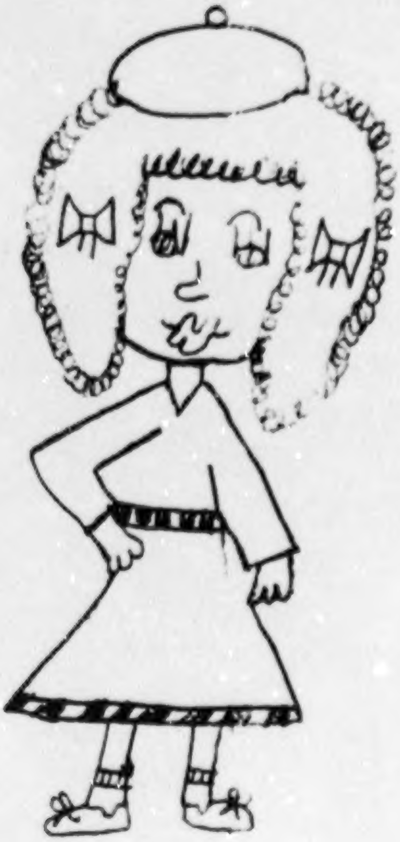


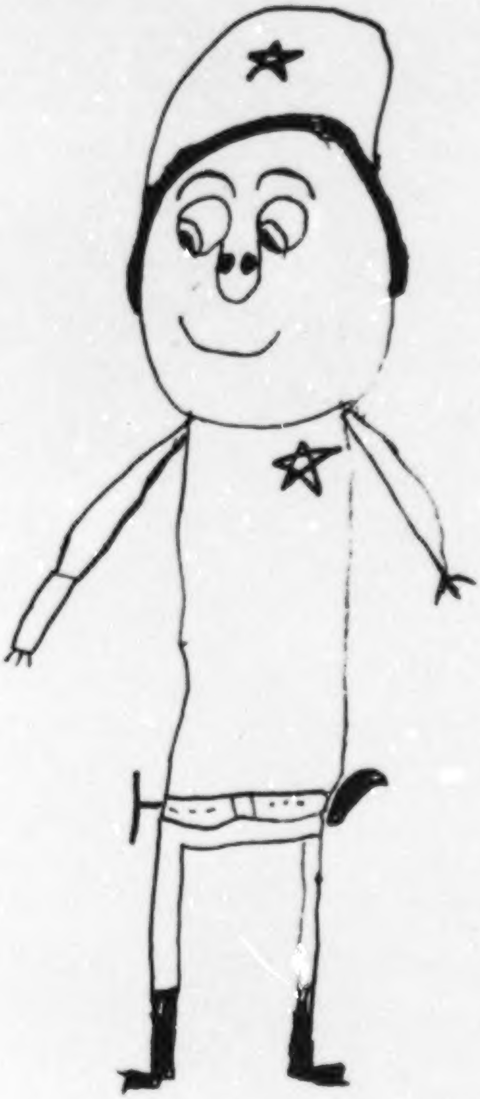












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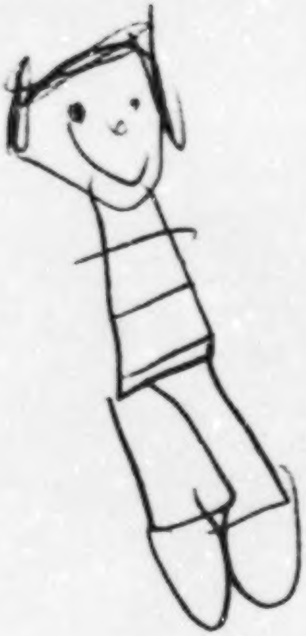

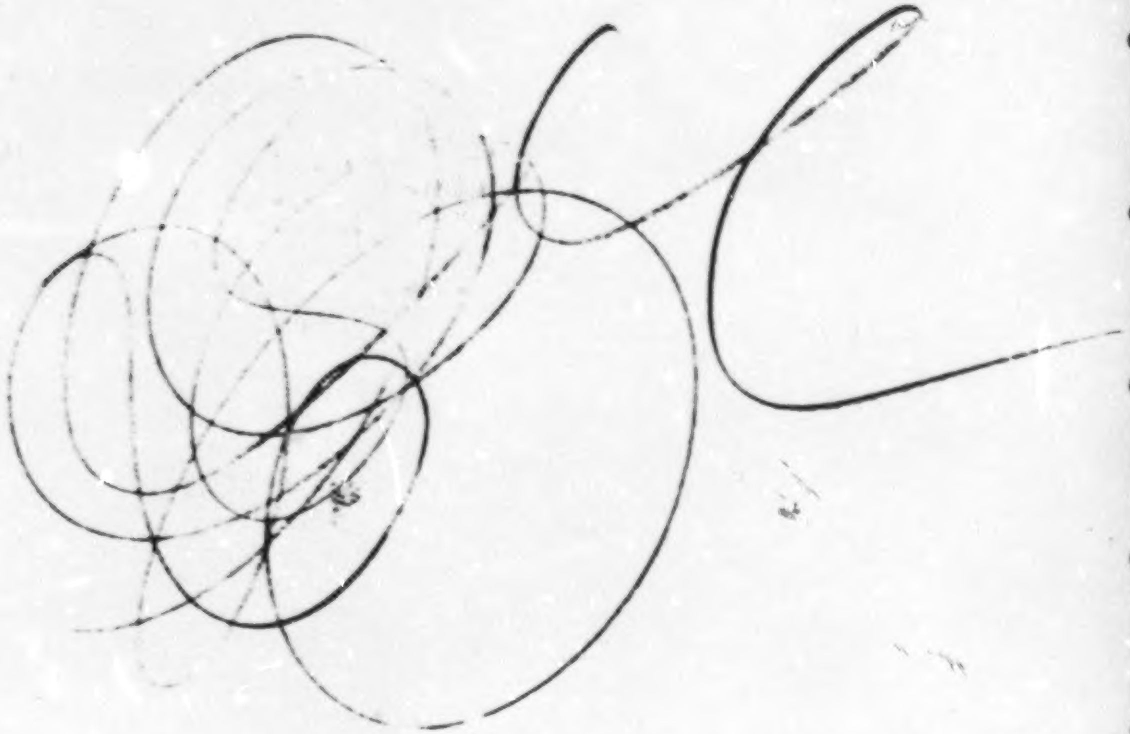

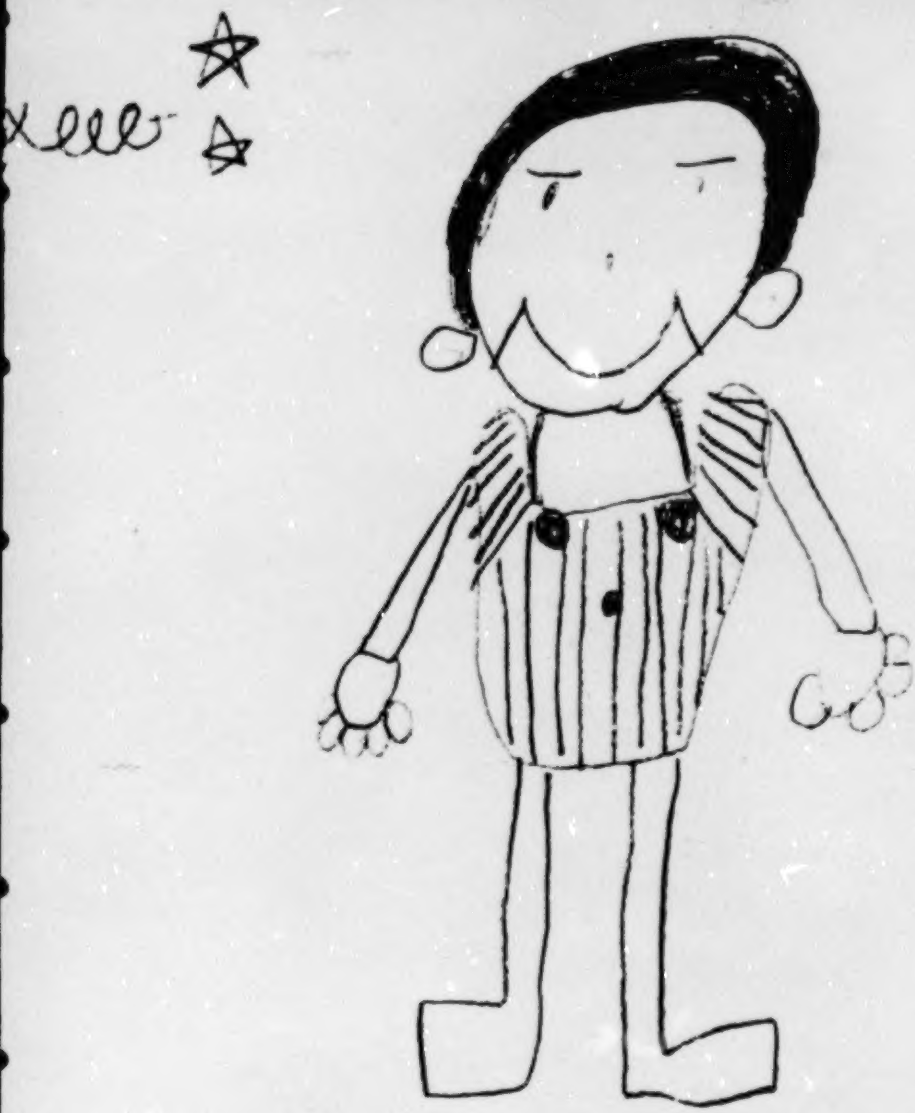
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About The Author

Dr. Parsram S. Thakur developed an interest in children's drawings and their psychological significance while a graduate student at New York University. His enthusiasm for the subject was nurtured while working at a mental health center in Brooklyn, New York. In 1976 he conducted research on Guyanese children's drawings. Later he made a comparative study of African and North American children.